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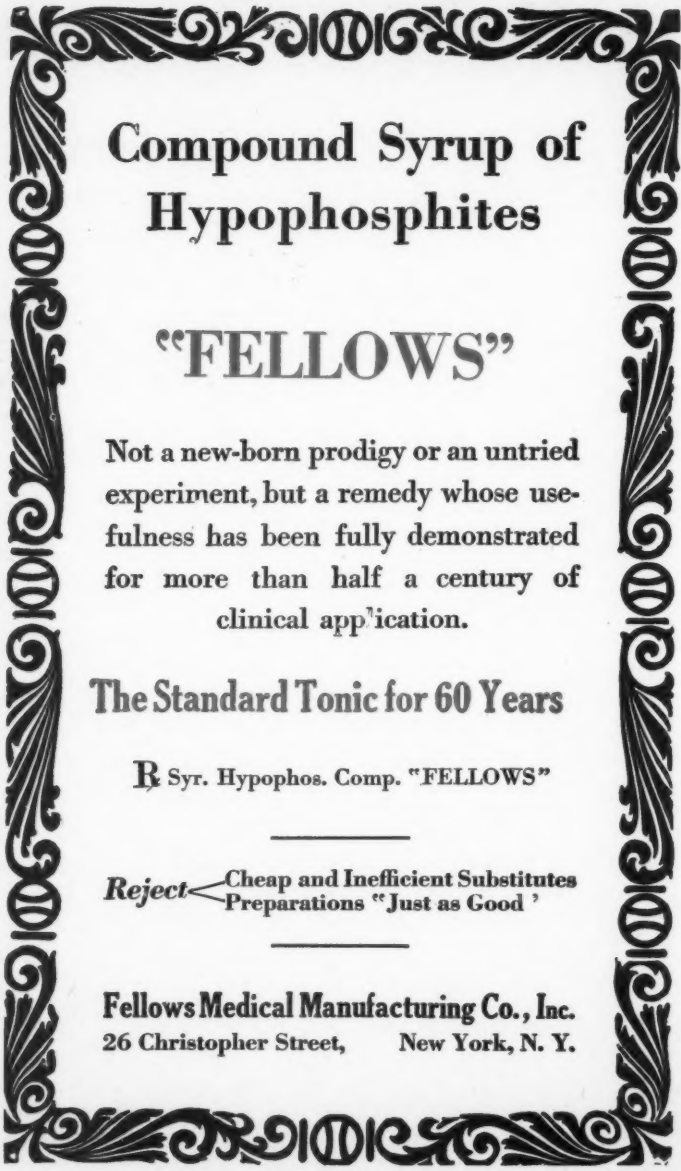
# MEDICAL ECONOMICS

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The Business Magazine of the Medical Profession



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# MEDICAL February 1928 ECONOMICS

The Business Magazine of the Medical Profession

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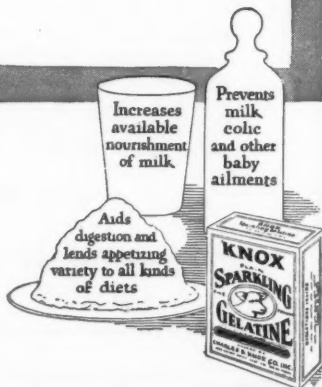
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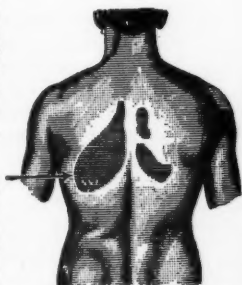
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# MEDICAL ECONOMICS

*"The Business Magazine of the Medical Profession"*

Rutherford, New Jersey

Vol. V, No. 5

February, 1928

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## What's Wrong with Medicine?

{--and who's going to correct it?}

*Let's turn the searchlight of modern business methods  
on an altruistic profession*

*By J. Lewis Webb, M.D.  
Chicago, Illinois*

**I**F YOU were to hear a baker, a dairyman, or a grocer say that he had engaged in his particular line of business because it was such a great opportunity for him to be a blessing to his fellow-men, or because it was a scientific and interesting occupation, you would at once mistrust his sanity, or his honesty.

When it comes down to fundamentals we all know that men work to obtain life's comforts and necessities, even luxuries, for themselves and those dependent upon them.

That medicine is essentially different in this respect from other businesses is hardly true. The real reason we so often hear it said that it is not like other businesses is the peculiar way in which it is chosen as a life work.

When a man contemplates going into business, he usually works at that business and gains some experience in it. He then

decides that he likes it, searches out a location, and goes carefully over the possibilities that he can succeed in making the business a financial success. He probably has to convince his father or some other backer that the chances of failure are slight, and finally he must convince the wholesalers and jobbers in that line to extend him credit and let him open up.

Probably the great majority of physicians entered the profession because some fond parent or relative with money enough to finance him, was possessed of the ambition to have a professional man in their family group.

In most instances years before the youth has any real knowledge of life, his ideals and ambitions are influenced to coincide with those of his family, and usually this idealism is made to eclipse any sound consideration of the business side of medicine.

Finally, after being influenced against taking up some "commercial" line and being kept for a number of years well surrounded by an idealistic atmosphere, the youth finds himself graduated from a medical school. He is now for the first time brought face to face with the fact that there is a business side to medicine.

He suddenly finds the doors of his college closed and no patients waiting, and he is face to face with a financial problem instead

tional basis of the needs of society. As another result of the unbusinesslike method of electing to become a physician we see the unbusinesslike manner in which physicians are distributed among the possible patients, or, in a business sense, customers.

After spending years in study, the young doctor has his first opportunity to experience the actual practice. He now learns that he must have patients; he must attract customers; he must make visits, give up his own inclina-

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"... the great majority of physicians entered the profession because some fond parent or relative with money enough to finance him, was possessed of the ambition to have a professional man in their family group.

... years before the youth has any real knowledge of life, his ideas and ambitions are influenced to coincide with those of his family, and usually this idealism is made to eclipse any sound consideration of the business side of medicine ..."

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of a purely idealistic, scientific, and altruistic occupation.

Americans have always felt an abhorrence toward the child marriages and the third-person arrangement of marriages customary in Oriental countries. This is because we feel that each individual should have a right to choose his own life. In many ways the influence that families bring to bear upon a son, in leading him toward medicine or the ministry, resembles these child marriages. It has the same objectionable features.

Growing out of this very unbusinesslike reason for taking up the study of medicine comes the fact that the supply of physicians is not based upon any ra-

tions, attend labors, perform operations, maintain his equipment, collect money and do many things that he had no real taste of, during the years of college and internship.

He now has his first opportunity to judge whether he cares to practice medicine or not. If he finds it not to his liking he is in possession of a one-sided education that fits him for no particular business. Perhaps he decides that he has so much time and money invested that he must stick, even though it is not to his liking.

Connected with this matter of waiting until so late before being able to make a decision as to whether one wishes to practice

medicine, are other problems. Some men decide to go ahead and stick it out. They are able to get along some way for a few years, but finally end up with a loss of morale. In other instances the young physician is so pressed for money that he becomes mercenary. He may either lend his talents to criminal practice or he may become hardened toward society and decide that he will make society pay, and thereafter upon various opportunities he advises needless treatment

parents and the urging of medical college largely determines how many will enter practice, and neither of these agencies is the proper one for the task!

In pharmacy, and many other trades, the youth who thinks he wants to enter must first get some actual experience in the business. He is then able to decide very quickly whether he wants to undertake it as his life occupation, and if it does not suit him he is able to pick out another business at once.

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. . . after spending years in study, the young doctor has his first opportunity to experience the actual practice. He now learns that he must have patients; he must attract customers; he must make visits, give up his own inclinations, attend labors, perform operations, maintain his equipment, collect money and do many things that he had no real taste of, during the years of college and internship. He now has his first opportunity to judge whether he cares to practice medicine or not."

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solely because it means fees for him.

We have heard some say that this time of trial and lean years is what tests the character of young physicians. I agree with this statement, but I also add that it is a cruel and needless process and society pays very dearly for it.

In many occupations we see those already "arrived" making canvasses, and taking other steps to limit the number of those who can be taken into the business. This is sometimes objected to, but when it comes down to final analysis, those already engaged in a certain occupation are best able to judge of its possibilities.

At present the ambition of

I believe that it would be a very sensible arrangement if the youth who thinks of taking up medicine were put out as an apprentice for a short time rather early in his training.

Accepting it, then, as true that the honest reason for engaging in any business is to gain a satisfactory financial return, we are ready to discuss other phases of "The Medical Business."

The writer is a consultant and not a general practitioner. He comes into rather close contact with about twelve hundred practitioners a year.

From long observation I am convinced that at least 80% of these physicians are finding medicine a very poor business. I

know that many of these men would deny this, either because they feel that to admit it would be admitting their own failure, or it would act to limit their credit in the communities in which they are living.

The first thought in regarding the above statement is that there are too many physicians dividing the practice available. There is some truth in this. If these physicians would have enough meetings to become acquainted with one another, and would then frankly discuss the problem, it would save many fine fellows and their families dragging out their lives in petty jealousy and with meager incomes.

**I**T is surprising to note that in many instances these men who are struggling so hard enter into a cut-throat competition and build up in their own hearts a bitterness toward their colleagues that is unjustified and that could all be avoided if they would only get acquainted.

It is a fact that attending medical meetings is good business. It makes for a better, broader, and happier man.

A few weeks ago I read that the bakers, assembled in convention, discussed the advisability of placing a five-cent loaf of bread on the market. It was finally decided not to do so because it would be a less nutritious and appetizing loaf, and some experience had shown that the public was not only willing to pay for, but demanded the better quality.

Barber shops, restaurants, street cars, milk dealers—all are getting several times as much for their commodities as they did a few years ago. It is also noticeable that they are giving better service and higher grade goods.

At the same time they are all engaged in encouraging wider use of what they have to sell.

Physicians in many instances have failed to realize that the standard of living has advanced, and we still see practitioners with unkempt offices, lacking equip-

ment, and in other ways offering a poor grade of service. Again we see many who are awake to the change in standards and are glad to note that the public shows its appreciation of the best.

It is interesting to see how the electric companies first furnished current for lights, then encouraged vacuum sweepers, electric fans, and washing machines, and now they are developing the refrigerating plants.

The milk dealers have made new customers for their products. The tooth brush people are now teaching us that a tooth brush becomes filthy after three months' use.

This is good business. There is no doubt that every one of these businesses have had a part in making life more worth living than it was for our grandparents.

Usually those businesses which have shown the most advance along these lines has first drawn quite close together, and there has been an ironing out of the misunderstandings between those within the business so that the public has seen only a united front and a consistent urge to "use more milk," "buy a new automobile," "heat your home better"—and soon.

Times have changed with medicine, too. Formerly our services consisted in doing our best in an emergency. We have finally been rather successful in overcoming typhoid fever and smallpox. The hazards of daily life are not so great as they were, and if we were to continue to depend upon the same type of cases that were common twenty-five years ago, practice would amount to very little.

**I**T is up to medicine to show the public the newer types of service we are offering, just as the electric companies are doing in their business. It is true that these newer types of service are such that they demand considerable educational work and that can not be done very effectively

(Turn to page 27)



## Trekking Across Washington by Medical Caravan

By Robert O. Jones

*Executive Secretary, Public Health League of Washington*

**I**N organizing a series of medical caravans, and leading them to every county medical society in the state, President H. G. Willard of the Washington State Medical Association inaugurated a plan of medical contacts in the state which have proved far reaching.

He had several things in mind. First, he desired to bring the state association into close harmony with the county units. Second, it was desired that every bit of medical advance in the way of technique, and so forth, be made quickly available to every physician in Washington. Third, there was a social element involved in that an opportunity would be given to physicians to visit back and forth. Fourth, these meetings would provide, through cooperation with the Public Health League of Washington, the presentation of the economic side of scientific medicine.

One caravan was recruited to go north to Bellingham. The Bellingham physicians arranged a dinner in honor of the guests, and some twenty-five physicians from Seattle, Everett, Tacoma and other cities climbed in their cars and headed for the meeting. There was the usual greeting from the state president, a technical paper and then a general "talk around." "Medical Facts and Reminiscences" was the topic and the caravan visitors in short talks emphasized some of the

little things they had learned in their practice.

There were no go-to-sleep-till-I-finish papers or lectures. Short, practical, useful lectures covering the wide range of medical activities were the rule.

The economic side of medicine was always stressed by the executive secretary of the Public Health League—the organization in this state which is in effect the legislative, educational, and publicity agent of the State Medical Association.

Another caravan moved several hundred miles to a far corner of the state, Goldendale, where for thirty years there had not been a medical meeting, according to old-time doctors. This time Tacoma, Seattle, Yakima and Ellensburg furnished the five automobile loads which went to this little community. The same program and the highest local interest and enthusiasm marked the meeting.

**F**ROM one end of the state to the other these caravans moved. New spirit was born in the profession. Enlarged interest was developed. A better view of the economic side of medical practice came into being. Local societies waxed strong. Weak units became energetic. New units came into active organization.

And at the state meeting in Tacoma Dr. H. G. Willard, president  
(Turn to page 35)

# We Can Prevent Bad Bills [as well as collect them!]

By J. Russell Verbrycke, M.D.

Chairman of Board of Directors, Physicians' Credit Bureau  
of Washington, D. C.

**A**BOUT 18 months ago I sent a letter to every member of the Medical Society of the District of Columbia which opened with the following paragraph:

*"As you well know, there has been too much imposition on the medical profession by patients able but unwilling to pay. So too, there has been too little in the way of the application of business-like methods to the practice of medicine. Co-operation between the doctors with the view to mutual protection has been lacking."*

It was then suggested that we form our own credit and collection bureau. It had to be made a separate organization and not a part of the Medical Society since the charter of the latter limits its activities to scientific work.

Sufficient time has passed to prove the soundness of this plan and I have thought it might prove helpful to other communities to outline our plan of operation, its successes and shortcomings.

The Physicians' Credit Bureau was incorporated. Being not conducted for profit and without great assets of its own it is not subject to suit. Each part of its procedure and its letters have been passed upon by best legal advice. The actual business is handled by a lay secretary—manager on salary, working under the control of a board of directors of five members of the Medical Society, elected by the members of the bureau and serving without compensation. It is

affiliated with the Retail Credit Men's Association.

Every member of the Medical Society was invited to join. It was explained that expenses would be met by assessed dues which had been fixed by the budget plan as being \$25.00 per year at the beginning. This amount has been absolutely right so far. The bureau is purely mutual and cooperative so that should a surplus accrue in the treasury the next year dues would be lower. Nearly all activities of the bureau, including collections to a certain point, are without any further expense or commission for the doctor-member. This is important to remember and I believe it constitutes a great improvement on the plan of the only other two bureaus of which I have knowledge.

The activities of the bureau are along two lines:

- (1) The prevention of bad debts.
- (2) The collection.

**E**ACH member of the bureau is assigned a number. When he is consulted by a new patient he calls (without charge) the office of this bureau, giving his key number, and asks if there is anything against the credit of the patient. If credit is unimpaired he feels safe in treating the patient with the assumption that his bill will be paid. However, if he finds that the patient already owes one or more (often as many as six) other physicians, he can either demand cash or tell the patient that credit will be estab-

lished after settling up indebtedness through the bureau. Already we have 4,000 names on file of evaders of doctors' bills.

The bureau encourages business-like and systematic methods of book-keeping and collection. It advises the monthly statement of account. If several monthly bills have been ignored the doctor sends from his own office the following Form A letter. These letters may be obtained from the bureau in any quantity at cost price. (The reason for charging anything is to prevent wastage.)

THE PHYSICIANS CREDIT  
BUREAU, INC.

Dear \_\_\_\_\_:

Your account, in the amount of \$\_\_\_\_\_ has been overdue for some time, and I have not received answer to the statements sent.

You may not be aware that Physicians of this City have organized their own Credit Bureau. I hope you will not force me to turn your name in to this Bureau. I am giving you the opportunity of one week to make satisfactory settlement and thus protect your credit with the profession.

Very truly yours,  
(Signature)

Member Physicians Credit Bureau.

**W**E have no means of knowing exactly what proportion or amount has been collected by these letters, as those paid direct to the doctor (and without expense to him) are never reported to the Bureau. I should hazard that between fifteen and twenty-five percent of the delinquent accounts can be collected this way.

What is to be done if this letter is disregarded by the patient? After a week, or at most two weeks, the name should be sent to the Bureau and then Form Letter "C" is sent from the Bureau to the debtor (again no charge to the doctor.)

THE PHYSICIANS CREDIT  
BUREAU, INC.

Dear \_\_\_\_\_:

Your name has been turned over to this bureau by Dr. \_\_\_\_\_ as being overdue in the amount of \$\_\_\_\_\_.

Before making a permanent record of it, which is available to all doctors of the Association, we are holding this matter pending for one week. If, during that time,

you can present some good reason acceptable to the Board of Directors, for not paying this account, or send a check in settlement, your name will be withdrawn.

Very truly yours,

Secretary-Manager.

Unimpaired credit is one's greatest asset.

**I**F the bill is paid, the doctor receives all of that amount, no commission being deducted. If the bill is not paid after a week, the patient's name is listed and his credit is impaired, not only with other members of the Bureau, but with all the stores in town which are members of the Retail Credit Men's Association, and practically all large business houses do belong.

The "C" letter does produce results from a large number who have ignored the previous letter so that the doctors' list of bad bills has been cut to comparatively few. So far all the collections from these letters have been without commission. If he chooses not to go further he can stop there but if authorized to do it, the balance will be turned over to the regular collection department of the Retail Credit Men's Association and from this time on any collections are subject to usual commissions.

Another feature which must be borne in mind lies in the fact that the longer the Bureau is in operation and the more the public hears of there being such an organization, the less will be the need for actually collecting bills. In other words, as doctors, we believe in the prevention of disease when possible, so why not apply the same methods in the elimination of bad accounts?

This has been a synopsis of the workings of the Bureau and its successes. There is a darker side as shown by the following failures:

1. Physicians have been slow to see the advantages of the plan. Only a quarter of the Medical Society have joined. To attain its greatest influences every member of organized medicine in  
(Turn to page 41)



# Our Weight-and-Measure Stew

*A Prediction by Aubrey Drury  
Director, All-American Standards Council*

**A**N issue which is of vital interest to medicine is the proposal that the United States shall standardize its weights and measures by adopting the decimal metric units, already used by most of the nations of the world. Thousands of physicians, surgeons and health officers already have petitioned Congress to approve this step, and many others are joining in the nation-wide movement to modernize our weights and measures.

Assurance that the metric topic is to be prominent in the approaching session of Congress is given by the announcement just made by Hon. Fred A. Britten, Representative from Illinois: "It is my intention on the first day of the coming Congress to intro-

duce a Metric Standards Bill, so that a definite decision shall be reached on the vital metric issue."

Congressman Britten has stated that the Metric Standards Bill is to be most liberal in its provisions, allowing a number of years for the transition period. Under its provisions, manufacturers may use whatever measures they desire in production, but commercial transactions are to be on the decimal basis, already employed to such advantage in United States coinage.

**A**DOPTION of the metric standards, it is declared, will greatly aid both internal and world trade, education, engineering, industry, and the protection of the public health.

As is well known to those engaged in medicine, the metric system is based on the decimal ratio. Like the dollar, the meter and liter and gram are decimally divided. By simply shifting the decimal point, one can at once achieve multiplication or division. It is automatic.

We may use the same terms to express meters, liters, and grams—and their parts—as we do to express dollars and parts of dollars. For instance, 1.111 is expressed as one dollar, one dime, one cent, and one mill. So also 1.111 is expressed as one meter, one dec-i-meter, one cent-i-meter, and one mill-i-meter. And like-

weights and pennyweights, and all the rest of the antique jumble of weights and measures which we still retain, to our great loss.

It is interesting to note that the American Medical Association was a pioneer in urging a wider use of the metric units, in order to retire the old obsolete units to the oblivion they deserve.

Typical of the activity of this organization is the following resolution, adopted unanimously in annual convention: "Resolved, (1) That the American Medical Association adopts the international Metric System, and will use it in its transaction;

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Dr. Harvey Wiley, testifying before Congress, declared: "In my medical career I realized the difficulties of the system of measuring drugs then in vogue (and still somewhat in vogue) as to mistakes which might prove fatal; and the difficulty and the complications in the mixture of drugs . . ."

Dr. Charles H. Mayo urges: "The metric system is now used generally by the medical profession and should be standardized for universal use."

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wise with divisions of liters and grams.

It can be stated with assurance that the simple, understandable metric units are soon to replace the old unstandardized units. Eventually we shall be utterly rid of the jumble which now so clutters our commerce and confuses our daily transactions.

When we have the metric units in general use, no longer shall we be handicapped by bushels, pecks, barrels, minims, drams, yards, spans, links, chains, inches, lines, grains, scruples, miles, pints and points, mills and gills, stones and cords, fathoms and furlongs, hands and feet, rods and poles, tons and tuns, fluid ounces and troy ounces, dry quarts and wet quarts, hundred-

(2) Requests that those who present papers at its future meetings employ this system in their communications, or reprints thereof; (3) Requests the medical boards of hospitals and dispensaries to adopt the Metric System in prescribing and recording cases; and that the faculties of the medical and pharmaceutical schools adopt it in their didactic, clinical or dispensing departments; (4) Requests the physicians familiar with the Metric System to help their confreres and the druggists in its application; and the delegates present at this session to work up the acceptance of the Metric System by their respective County and State societies; (5) Requests the President to  
(Turn to page 47)



**A**LTHOUGH the physician cannot prolong his life indefinitely, he can deliberately and infallibly project his earning power into the future far beyond his own tenancy on this planet.

The doctor can achieve immortality—in an economic sense. The human will can effectively surmount the obstacles of accident and misfortune through the instrumentality of insurance. Life insurance, one of the noblest of human agencies, has come into relative disrepute because of the unimaginativeness and inexpertness of its practitioners.

Dull agents unwittingly antagonize their prospects by envisaging themselves as handmaidens of undertakers. They err in stressing the unpleasant subject of death and frustration, when in reality the purpose of insurance is to extend life—at least in its economic phases.

Many professional men, who cease to be analytical when they approach their own financial problems, seek to invest prematurely. The physician is not ready to invest until he has a real surplus. Perhaps he has borrowed to finance his education and equip his office. His first duty is to discharge his indebtedness.

Then he may need funds to expand his office equipment, to enlarge his technical library,

*By Merryle Stanley Rukeyser*

and to improve his surgical instruments. Like the business man, he should use accumulated capital first in furthering his own economic activities; only secondarily should he entrust it to others for the tunneling of remote mountains, the spanning of rivers, and the general expansion of industry. Fortunately, these personal needs are quickly cared for by the successful medical man.

The next step is to build up substantial cash reserves in the savings bank and in a checking account in a commercial bank. Only after these preliminary steps is he in position to consider the purchase of securities, real estate, and mortgages.

**I**F the physician could look into the crystal ball, which possesses the secrets of the future, and could learn precisely how much longer he will live, he might solve the dilemma of choosing between insurance and investments. If he were certain he would live precisely twenty years, he would be in position to compare the relative advantages of of self investment and investing by proxy through an insurance policy.

But the hazard as to the duration of his own life is greater than that of any investment risk.

The physician may decide to save \$5,000 a year for twenty years, but an hour later a careless taxi driver oblivious of the extraordinary value of the physician's life, may terminate his mortal existence. Accident may turn the best laid self investment plans topsy turvy.

If it were not for insurance, the investor would be borne down by a sense of futility. Life insurance was invented to guarantee an estate to eligible men and women as soon as they decide

constitute means of investing safely as well as protection against premature death. Limited payment life policies, such as twenty or thirty year policies, at lower rates entail less of the investment features and more of the protection feature.

Ordinary life policies, on which the premium continues until death or old age, which are still cheaper, bear still less of the investment aspects and more of the protection feature. Term insurance policies, which are the

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Mr. Rukeyser, financial editor of Medical Economics, has the reputation of having answered more requests for financial advice than any other man in the country.

He is the author of two books, widely-read: "The Common Sense of Money and Investments" and "Financial Advice to a Young Man." For five years he has been a member of the Columbia University faculty. He has also been financial editor of The New York Evening Journal, financial and business editor of the New York Tribune, and financial editor of Vanity Fair.

Mr. Rukeyser's department, including a special article on physicians' investments, will appear each month.

Letters from physicians, asking financial advice, will be answered personally by Mr. Rukeyser. Address inquiries to Financial Editor, MEDICAL ECONOMICS, Rutherford, N. J., and please enclose a stamped, self-addressed envelope.

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how large a one they desire. Neither hurricane nor earthquake, sickness nor death can thwart the financially prudent who tie their hopes to a well managed insurance company. Insurance companies also act as investing companies for policy holders, and in their trustee capacity invest conservatively instead of recklessly.

The successful speculator can himself obtain a higher return on his capital, but the overwhelming majority of amateur speculators make costly blunders.

For the inexpert, endowment policies with insurance companies

cheapest, are devoid of investment features and constitute pure protection against the hazard of death for a specified period of years.

Term insurance may be described as the insurance that nobody knows, for it is the least touted of all types. The agent gets the smallest commission on this type, and furthermore is discouraged by insurance companies from recommending it indiscriminately because it has restricted uses. But in its proper sphere, term insurance deserves far more attention than it receives.

(Turn to page 55)



# Look Around Your Office!

*By an Interior Decorator*

**T**HERE is many a doctor, so wrapped up in his beloved profession, so whirled about by the rush of daily duties, that his offices have, all by their poor starved selves, run down and down to the very last stages of anemia.

To him, bless his old thread-bare carpet and down-at-the-heel furniture, this article is dedicated.

Some day he will wake up to the forlorn fact that his offices are moribund, about to expire in a thin cloud of shabbiness. He will see, in a true and bright light, the extreme out-of-date-ness of his equipment. He will feel, with sudden throes of sensitiveness, the inconvenience of his layout.

Perhaps this is an exaggerated picture of our average physician awakening to the modern needs of his office. If it is, pardon the exaggeration, and listen to my humble suggestions, keeping one eye focused on your own headquarters.

What's to be done?

Chuck out all the old stuff? Make a clean sweep of things? Repaper, repaint, buy all new furnishings?

Not necessarily. A good deal of the old furniture, if it was

good to start with, can be salvaged. Remodel the offices themselves, if necessary, and buy a few new pieces of furniture, handsome and thoroughly up-to-the minute, spend some time in arranging, and you will have an outfit that you can call modern.

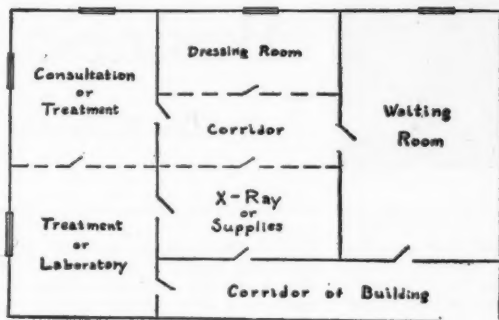
Take for example the typical three room suite, consisting of reception room, office for consultation, and office for treatment. This arrangement may be what some doctors still need, yet in this day of specialization other rooms are often found necessary, such as dressing rooms and laboratories. They can all be arranged by cutting and shifting walls, or simply by adding partitions to divide space for each need. Three rooms in many a modern building are now divided into six rooms!

**T**HERE are many wall board materials on the market for remodelling purposes and make-shift screens, so curtains are no longer necessary. The regular sheathing that comes for partitions is also helpful and may or may not run to the ceiling, according to the extra light, air and privacy needed.

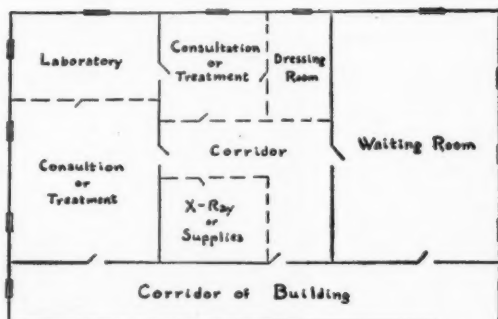
Planning suitable window light

and doorways that are direct, is the main problem to be solved when shifting partitions, and money spent for these items is better than an extravagant outlay for fancy wall paper or elaborate lighting fixtures. Partitions of wall board are papered very

give Spanish atmosphere to the room. It proved to be composition material cut in strips and painted in a delicate design, then boarded to the ceiling, to form panels. Such a ceiling is especially attractive in a reception room where a distinctive and up-



3-room suite  
remodelled to  
make 5 rooms  
(dotted lines  
show new  
partitions).



3-room suite  
remodelled  
to make  
6 rooms.

successfully, in fact, it is most attractive when simply painted in a color to tone with surrounding walls—ivory, gray, and tan all being used attractively.

Where ceilings have been patched, the use of composition materials such as wall board is of greatest value. For instance, I recently saw a very handsome room that had to all appearances a very expensive panelled ceiling, decorated in rich colors to

to-the-minute atmosphere is to be emphasized.

Walls are being finished in such a wide variety of ways, too, that it is possible in remodelling offices, to achieve many individual and exclusive effects, from the ultra smart to the most simple and sanitary. Rough textured plaster is used for striking wall treatment; stippling is another finish, and smooth surfac-

(Turn to page 51)



# Everybody's Business

*By Floyd W. Parsons*

**W**E are planning and inventing a hundred times faster than it is possible for us to execute. New facts are being disclosed far more rapidly than people can assimilate them. The result of this is a lack of balance in our business and industrial life, and here lies the greatest danger that threatens society today.

The front of our advance is deeply dented. A few industries have completely outstripped others. Workmen in some fields are paid twice as much as those in other lines, although the same skill and intelligence is exercised. The fellow who makes us laugh gets \$30,000, while the man who educates us gets a fifth as much. The college professor who instructs our young people in the rudiments of science and business receives a third of what the coach is paid to develop our youth into great athletes.

In our hurry to get along we have left behind a lot of unfinished business. The element of change has become the vital factor in all planning. People say we are riding to a fall—going the way of ancient Rome. But that is not true. The Romans did not recognize the importance of change. Their one thought was

to build for permanency. Our viewpoint is different. We never forget that what we are constructing today will likely be obsolete in style and usefulness tomorrow. The Roman spirit was static; ours is dynamic. We are the animators of a new era in civilization, and all nations will have no choice but to follow the road we are blazing.

Less than a century ago Michael Faraday was preaching to his congregation on Sundays and spending the rest of the week putting together bits of wire and steel in order to solve the problem of conveying electric current through a metal conductor over a short distance. Faraday did not even have any electricity to work with except that which he obtained from batteries similar to the ones we use for doorbells.

**N**OW our newest and biggest electrical plant will soon be sending out a stream of electrons to do work equivalent to the combined efforts of ten million men. In fact if we were to attempt to substitute human hands for the work being done with electricity, we would soon find that all of the adults on earth could take care of only one per cent of the tasks now being performed by

this marvelous mechanical agent. Furthermore, the most modern of our present electrical installations will probably seem as crude to the engineers of tomorrow as the generating units of Faraday appear to us at present.

In 1850 our American cities were cesspools where cholera and other diseases of filth took a heavy toll of human life. Urban atmospheres were saturated with steaming abominations from noisome liquids that filled gutters and pools. Now these same cities are spending hundreds of millions of dollars to complete water and sanitation construction programs that will make city life even more safe, from the standpoint of hygiene, than life in the country.

In 1876 two men talked for the first time over a long distance telephone. Today we can talk to a friend in Europe in less time than was then required to put

local telephone service out of commission for thirty-one days. Immediately the authorities were forced to install a flashlight system to provide communication with the police and fire departments. One victim of an auto accident bled to death before they could get a doctor. Burglaries increased and business profits were curtailed. Time had turned back fifty years.

"...We are the animators of a new era in civilization, and all nations will have no choice but to follow the road we are blazing."

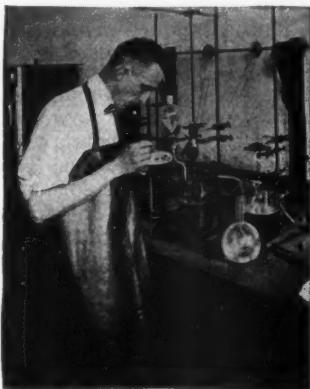


Photo by Ewing Galloway

**CREATING DYES IN THE DU PONT PLANT**

through a local call. We now have in operation seven million miles of telephone wires devoted exclusively to carrying upward of three million long-distance messages every day. Recently a fire in a western town put the

Amazing stories of change are on every hand. Refrigeration has revolutionized food distribution. Radio has eliminated distance. The motion picture permits us to see the world without leaving home. And the end is not yet, for no day passes without some new and startling discovery, the consequence of which no one can visualize.

A man sat by his fireside and noted that the slag of the fuel had become transparent. This started an investigation that led to the discovery of glass which has renewed worn-out eyes, made it possible to heat our houses and at the same time let light into them, given us containers for liquids and food, bulbs for incandescent lights and magnifying devices to bring into our range of vision not only the most distant stars, but some of the smallest germs that prey on the vital tissues of human bodies.

Mendel never dreamed what he was doing for humanity when he  
(Turn to page 41)



## A Process of "Minification"

By H. Sheridan Baker.

**H**AVE you ever had, or what is more to the point, have you been able to live this long without having had, the experience of "minification"?

"Minification" is the impression you receive when you return to your boyhood home, after many years out in a larger world, to find that familiar objects, once grand and stately, now seem rather less than commonplace.

The house that was, to the barefoot urchin, a mansion, a lord's estate, and an abode of mighty secrets, is now just a house, needing paint and a new gutter. The hotel, once so awesome and venerated, is now a dingy village inn. The rocking chairs that once lined its front porch like so many thrones have been taken inside during repairs. The town green is shabby. The constable is more ludicrous than fearful. The farms are like any other farms on any other countryside. *Everything has changed.*

But everything has not changed! The objects that you once held in so much awe are very nearly the same as they always were; it is *you* who have changed. The old story of a viewpoint that has grown up. That is "minification."

And I think that this process of "minification" is going to take place before very long, in respect to the problem of fee-splitting. Not that I would minify the *evil* of fee-splitting; I am not in sympathy with it, naturally.

But just at present, the general subject itself seems to be having plenty of *magnification*.

Several of the medical journals (since MEDICAL ECONOMICS published its "Trial of Old Man Fee-Splitting") have been lending their pages to more or less frank discussions of the evil. The daily newspapers are publishing reports of medical meetings, in which the subject is played up in headlines.

In short, it seems as if the medical profession were dividing itself into two separate factions: Those who split fees and those who don't.

But one of these days the medical profession is going to realize that it has been going through a period of transition, that it is just emerging from an "infancy" in its attitude toward public relations. And from this bigger, grown-up viewpoint, it is going to find big bogies like fee-splitting just little ridiculous scarecrows, after all.

It is going to find that, with childish jealousies at an end, and the profession really acquainted with itself and with the public, the unscrupulous fee-splitter will weed himself out. There won't be room for him any longer.

Everybody is going to laugh at the unscrupulous fee-splitter and then promptly forget him. Everybody will be too busy with bigger things. With educating the public, for instance. With prolonging life. With preventing, rather than curing. With reorganization. With assuring itself of a new position and prestige in civilization.

**O**THER professions have their big bogies, too. The legal profession has its corps of ambulance chasers. The architectural profession has its price-cutters. Advertising has its fake testimonials. To the ethical members of these three professions, these bogies are just as disconcerting as fee-splitting is to the ethical physician.

But can't you see how really unimportant they are? And seeing that, can't you also realize how easily the whole, big problem of fee-splitting is going to disappear? Perhaps an entirely new system of charges and billing will prove its direct solution. Perhaps something else. I don't know.

But I do think the big brute is in for some high-powered "minification," and that before many years!



## When "travel for health" is an impracticable prescription

THE hopelessness of a patient who, tied down by economic bonds, has been advised to travel... is only matched by the perplexity of his physician, who knows there is no substitute for plentiful mountain sunlight, fresh air and relaxation, with all its physical and mental implications.

Yet the medical profession long ago learned to continue the combat under the most adverse conditions. And, among the modalities which science has made available is ultraviolet light, administered by the quartz mercury vapor arc lamp. Reproducing the vital, invisible rays of the sun, unfiltered and unobstructed, in concentrated, therapeutic intensity... making available healing and energizing light at the bedside, in the office or hospital... the Alpine Sun lamp is an efficient weapon in the hands of the physician.

Clinical findings point most definitely to the effectiveness of quartz light for improving general health, affording increased resistance to disease, enriching the blood stream and affording a powerful analgesic. The published reports of qualified investigators furnish convincing data upon the effectiveness of this therapeutic modality. A few significant papers will be furnished you upon request.

## ALPINE SUN LAMP



HANOVIA CHEMICAL & MFG. CO.

Chestnut Street and N. J. R. R. Avenue, Newark, N. J.

Branches: 30 Church St., New York City

30 No. Michigan Ave., Chicago 220 Phelan Bldg., San Francisco

Gentlemen: Please send me reprints of authoritative papers upon the application of quartz light to general systemic conditions.

70

Dr. \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

# The Doctor Has a Title of His Own!

Some answers to Dr. McCoy's article in  
December MEDICAL ECONOMICS

An Error: Through some inadvertency, the name of the author of "Can't the Doctor Have a Title of His Own?" in December, was given as L. Y. Young, M.D., instead of L. L. McCoy. Dr. McCoy, who wrote the article, is a resident of Seattle, Washington.

**T**HE author of "Can't the Doctor Have a Title of His Own?" strikes a key in tune with the wishes of the medical profession.

We as doctors stand a great deal, but we are sensitive about our name. I do not, however, agree with the doctor's suggestion of coining a new title.

Should the doctor own a real sure-enough good dog, with a whole skin nicely marked, and the dog should contract a large flock of fleas, would the doctor skin the dog and let him raise a new hide or would he endeavor to destroy the fleas?

We physicians are in precisely the situation of such a dog. We have served well, but have never gained due appreciation. Our fight has been always for the people, never for ourselves.

Our small percentage of physicians cannot father and mother the world. The people have money and power to buy and pay for the legislation they want in the way of preventative medicine.

The world accords us neither money nor proper recognition, so

it is time to make them "sit up and take notice."

We want our own name to ourselves, and we want them to know it means us, and that we mean business. The legislature often makes fools of the medical profession. They send the doctors out to watch rat holes, or to see whether or not all the cows come home. Since the birth of medical (?) legislation in this state there has not been a single law passed especially for the doctors.

There is no popular recognition of our standing. We exhibit wish bone, but not back-bone.

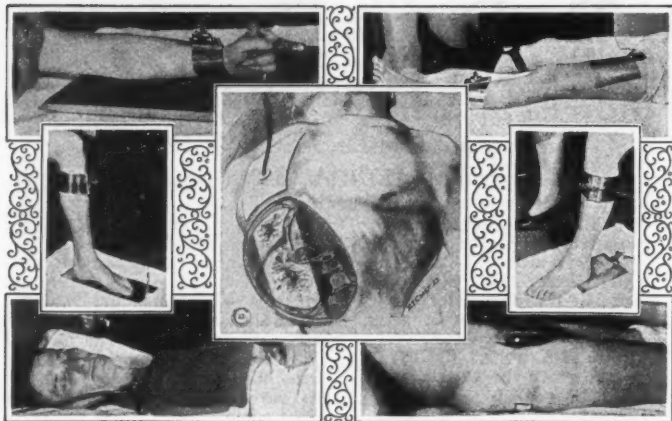
And our fleas "go marching on."

Yours truly,  
Edwin H. Moore.  
(Pittsburgh, Pa.)

**I** WAS rather interested in the article by Dr. McCoy, in your December issue, called "Can't the Doctor Have a Title of His Own?"

May I say, in partial reply to the author's question, that every year we handle thousands of communications from physicians; and in common fairness to the various quacks, and cultists, and faddists, who use the title of "Doctor"—also to Dentists and Doctors of Divinity, and others who have an undoubted right to the use of the title—it seems to me that the needed reformation, like charity, begins at home.

The remedy lies largely in the hands of the physician, himself. Exhibit A—I have before me



## DIATHERMY

### A Means of Generating Heat Within the Tissues



**THE VICTOR VARIO-FREQUENCY DIA-THERMY APPARATUS**

A composite of every approved principle thus far applied in the design of diathermy apparatus.

**T**HAT is the simplest definition of medical diathermy. In other words, it is the application of the particular form of high-frequency current that produces this effect. It does not come under the category of the hot water bottle, electric heating pads and other similar devices which are basically surface applicators.

Consider then a deep seated condition indicating the use of heat. With an apparatus of correct design you can in a few minutes produce any desired degree of heat within, from the point of perception up to the tolerance of the patient.

A modern, correctly designed diathermy machine has proved its value to thousands of physicians in practically every branch of medicine. Our *Reprint Library Service* can undoubtedly refer you to authoritative literature citing clinical results with diathermy in conditions common to your practice, whether general or specialized. Your inquiry will not obligate you in any way.

PHYSICAL THERAPY DIVISION

## VICTOR X-RAY CORPORATION

Manufacturers of the Coolidge Tube and complete line of X-Ray Apparatus



Physical Therapy Apparatus, Electrocardiographs, and other Specialties

2012 Jackson Boulevard Branches in all Principal Cities Chicago, Ill., U.S.A.

A GENERAL ELECTRIC



ORGANIZATION

58 cards received yesterday in reply to an advertising campaign with the members of the American Medical Association. These cards were selected at random from thousands which we have in our files, and a tabulation shows the following result:

Of the 58 signatures on these cards, 17 wrote "Doctor," 22 wrote "M.D.," 19 wrote neither. Presumably all of the 58 were physicians.

And this is a fair average, I believe. The women in our mailing room frequently comment on this point—and they spend a great deal of time every week locating the writers of these cards and coupons—as all names

and addresses must be verified before they go into our mailing list.

Now may I ask—if a mouse may still be permitted to look at a lion:

Did you, or anybody, ever see or hear of a Registered Nurse signing a letter, or a report, or a reply to any kind of a communication as: "Nurse" Lola Lucas Lowry, (or worse still) as "Nurse" Lowry.

A more general use of the "M.D." and the word "Physician" would help meet what we all recognize as a real need.

Respectfully submitted,  
Clyde Lowry, R.N.  
Milton, Wis.

## What's Wrong With Medicine?

*Continued from Page 10*

by each individual practitioner. It is interesting however to think of the possibilities if we were to meet this opportunity as efficiently as other lines of business exhibit in their own fields of activity.

My own practice is in Chicago, so I shall use figures with which I am familiar in this little example. We have a population of three million. Wasserman tests have been run on certain groups of people and it is fair to estimate that about 8% of the population are infected with syphilis. That

means that we have approximately two-hundred and forty thousand persons who are prospective customers.

The profession as a whole has not done anything at all to work out a proper manner of handling this great volume of possible patients. Figure it out for yourself, using any rate of charges that prevail in your own community and see what an astounding volume of business is being neglected. In a few instances small groups and corporations have worked out a system

1848

1928

80 YEARS OLD

Seeking NEW BUSINESS on  
AN OLD BUSINESS Record

**THE TILDEN CO.**

The Oldest Manufacturing Pharmaceutical House in America  
NEW LEBANON, N. Y.      ST. LOUIS, MO.

**SURGICAL**  **DRESSINGS**



The hand at left was bandaged with BayBandage and brushed severely for several minutes. If you did not know these facts, you would assume from the photograph that the hand had been freshly bandaged and kept from contact with things calculated to disturb it.

The hand at right was bandaged with the ordinary type bandage and subjected to the same test.

## *What the well-dressed wound will wear*

Here is visible proof of the superiority of the new non-ravel BayBandage [Patents applied for]. This photograph shows two bandaged hands which have been brushed for the same length of time and with equal force. Notice the trim appearance of the BayBandage after this unusual test.

Under the same conditions the ordinary type bandage at the right shows ravelled ends, fuzzy edges and untidy appearance.

*BAY'S SURGICAL DRESSINGS Are Marketed Through All Supply Houses*

**THE BAY COMPANY**

BRIDGEPORT, CONNECTICUT

M.E.-1A

*Kindly send me a sample of BAYBANDAGE*

NAME .....

ADDRESS .....

DEALER'S NAME .....

of getting a share of this business and it is surprising that the principal thing the medical profession is doing is to neglect the business while they complain about the other fellow.

Why does the medical profession let the diabetic go? There is also a wonderful field of business almost neglected when one thinks of the possibilities of cardiacs, prenatal care, the obese, infant welfare, chronic nephritics, and others. We are to apt to watch for "cases" while we neglect a group of patients, who, if we may consider them as customers, would be a delight in any other line of business.

It is interesting to note that when medicine develops certain treatments to a routine, some long-headed business man among us goes to a group of laymen with it and they organize a good business proposition around that routine treatment. That will happen in the other fields mentioned just as it already has with regard to infant welfare and syphilis if medical practitioners do not become businesslike.

Maybe here we should reply to those who object to advertising. There is little sound reason for objecting to any form of advertising that benefits the man who acts upon that advertising, and provided that the advertising does not hurt an honest business or take unfair advantage of honest competition. And just as there can be no objection to advertising that leads people to use milk, or tooth paste, there can be

no objection to urging diabetics to care for themselves. As to the individual practitioner advertising, that is another matter.

Within the ranks of our colleagues are two groups who are hurting the medical business.

First are those men who practice and charge nothing, and second come those men who, having attained to a degree of eminence, lend their names to a free clinic or dispensary, but who never see patients there. Acting as the figure-head for a staff of poorly paid attendants, they ordain that all who are able to pay must be referred to them as private patients.

Both these groups combine their work with politicians and laymen to keep in operation large free public dispensaries and hospitals. The first group expect to be benefited for their free services by meeting many people and in time finding themselves with a following large enough to enable them to have a private practice.

The second group are very glad to take advantage of the prestige of the large and well known institution that provides them with much free publicity and seems to vouch for their superior knowledge and ability, so that they find their offices crowded by rich patients. Indeed some of those who sought the services of the free dispensary succeed in scraping together enough money to insure seeing him in his magnificent office.

The injustice in both instances is that unfair means of competi-

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### *"It May Be True"*

said the practical doctor, "that uric acid is not the prominent factor we used to regard it in the production of many diseased conditions. But I do know this—

## THIALION

is a powerful and mighty dependable agent to prescribe in rheumatism, gouty conditions, biliousness, hepatic torpor, constipation, gravel and wherever there is evidence of acidemia or decreased alkalinity.

THIALION acts promptly, it is well tolerated by the stomach and it brings results. All that is necessary to appreciate THIALION is to try THIALION."

Literature on Request

**VASS CHEMICAL CO.**  
DANBURY, CONN.

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# There's a CONTINENTAL —for every professional need

**T**HERE'S the beautiful Physicians' Scale whose exclusive features make it the easy, quick scale to use and a giver of a lifetime of precise accuracy. The "Stork" Baby Scale, accurate to the  $\frac{1}{4}$  ounce, spill-proof, tip-proof, error-proof, is an invaluable assistant in the home visited by the stork. The Clinic Scale and the Portable

are unsurpassed for the specialized service they were designed to render. Back of each of these medical scales are twenty years of experience in producing weighing machines that met the rigid requirements of the medical profession. Each is the product of successive improvements. Each is supreme in its field. Let us send you literature descriptive of them.—

CONTINENTAL SCALE  
WORKS, Desk 76-B South  
Claremont Ave., Chicago.



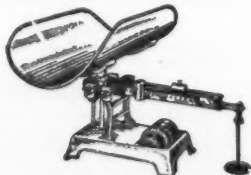
Clinic Scale



Lightweight for  
the Traveling  
Nurse



Physicians  
Scale



Stork Baby Scale

tion are used to bring the patients into touch with certain practitioners.

Good business demands that the attendance of patients to free clinics be actually limited to the very poor, and that no other use be made of these institutions of advertising.

And if society wishes to insure free medical services for poor persons then it should pay for the medical service just as truly as it pays for coal, clothing, milk, food and other services that it delivers to those unable to pay for it.

There is absolutely no reason why *society* is entitled to free medical service. Even if paying for such service leads to securing the service of a less capable type of physician than may now be available, why wouldn't that be as proper as to expect the pauper to be satisfied with less than the best in free coal, and food?

It is an oddity that causes medicine to give the best of service free, and to make a similar service rendered to a paying patient so expensive that it is out of the reach of all but the very wealthy.

How many of us have rebelled in our hearts when we have seen the coddling of clinic patients, patients who would have felt imposed upon if we had suggested that they fetch an umbrella for us, and within an hour have pressed some more worthy member of society for a payment he

had difficulty in making just because he had self-respect enough to come to our office!

In every other business, care is taken to show that the service given is in direct proportion to the payment expected. In medicine we seem to be trying to sell directly the opposite. It is bad business. Dispensaries must be maintained, but they can be had without doing so much harm to everyone that comes into contact with them.

I used to have a feeling that free dispensaries were a great factor in decreasing the doctor's income but considerable experience has proven to me that there are great numbers of people who go without proper clothing, food, and shelter, because they have not the knack of securing a sufficient income for themselves.

**T**HESE people must be given medical attention. Probably a proper readjustment of our free dispensaries and hospitals would provide this care at the least expense to society and physicians. It is my candid opinion that those who patronize free dispensaries and similiar institutions get a very poor grade of health service when it comes right down to the actual effectiveness, largely because there is no reason for personal interest upon the part of the attendants, and because each time they appear they are given an isolated treatment.

*(Turn the page)*

## Use Angier's Emulsion to

Soothe respiratory irritation, relieve congestion and  
ALLAY THE COUGH INCIDENT TO

**INFLUENZA, BRONCHITIS or PHTHISIS**

The petroleum content will also maintain normal bowel  
functions and overcome Intestinal Auto-Intoxication

Trial Bottles free to physicians

ANGIER—BOSTON 34, MASS.

So if the medical profession would do some effective advertising it would be very easy to show that those who pay good fees are as a class much healthier and happier than those who supposedly have the wonderful advantages of the biggest free dispensary.

There is still another phase of the medical business that deserves some thought. The hospitals are full up to their capacity. Most of the cases are surgical. Every surgeon one talks to says

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"... under the present system the young physician has several years of the hardest sort of struggle. He gets no help from the elder practitioners..."

---

a lot about the other fellow cutting fees. Every time one meets a surgeon who is doing sixty major operations a month, or practically seven-hundred a year, supposedly as private patients, one can't help looking him over to try to determine just what he has done with the \$70,000 dollars, or more, that just these operations are supposedly bringing him.

Truly there are very few practitioners who receive any such incomes. Then there is a great deal of unbusinesslike deceit between us.

I dare not tell anyone that I charge less than ten dollars for an intravenous injection of Neorphenamine. Yet probably no one has a clientele that can afford to be treated for syphilis and pay ten dollars an injection. The result is that every one of us is trying to maintain a front to compare with the income we want the public and other physicians to think we receive, while every one of us is teaching patients that he can juggle physicians' fees around about as he wants to.

Good business demands that we deal with one another and the public more openly and that we do away with the confusion now present in the fee tables.

Another phase of the medical business involves the matter of utilizing the services of the young physician and the elderly one. Under our present system the young physician has several years of the hardest sort of struggle. He gets no help from the elder practitioners. To keep him out of patients we do not even let him have the clinics and our poor paying patients. The reason is that we find competition so great that we do not want to introduce the new doctor to any part of our clientele. It is even dangerous to employ a physician as an assistant because he will sooner or later leave us and set up for himself.

All during our years of practice we work as individuals, and finally when age begins to tell, we find ourselves somewhat rusty as to knowledge, and incapacitated as to vigor. In many instances the elderly physician

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... this might well be otherwise ... if every established physician had a practice that made it desirable to have the young man as an assistant."

---

lives to see his patients go elsewhere and his income dwindle.

This might well be otherwise if we limited the number of new physicians to somewhere near the need, if every established physician had a practice that made it desirable to have the young man as an assistant. Then during the years before the older man retired, they would constitute a team that could do efficient work. When the retiring age came for the elder man he would be still the consultant and



## For Head Colds Prescribe Mistol

**M**ISTOL and the Mistol Dropper are a real advance in nose and throat therapy. Menthol, eucalyptol and camphor are combined in a specially prepared petroleum base, which keeps these soothing and healing ingredients in direct contact with the mucous membrane for a considerable length of time.

Unlike douches, Mistol avoids any possibility of sinus trouble. With head tilted back, the patient should let Mistol drop into each nostril until it is felt to be running into the back of the throat. It is manifestly superior to salves which do not reach all parts of the mucous membrane.

Especially efficacious in coughs and colds, simple, congestive and catarrhal rhinitis, hoarseness, bronchitis, and laryngitis.

Sold in original sealed cartons containing  
a two-ounce bottle and Mistol Dropper

# Mistol

REG. U. S. PAT. OFF.

## Pictorials

(At left) Senator Royal S. Copeland of New York, the only physician in the Senate, began on January 4th a series of weekly health talks from Station WRC, Washington.

(Below) Two tradition breakers from the East, Premala Shahane and Saniyeh Haboob, both high caste girls of India. They are students at the Women's Medical College, Phila., Pa.

(Herbert Photos)



UNDERWOOD & UNDERWOOD



# CHEST COLDS

Promptly Relieved

by



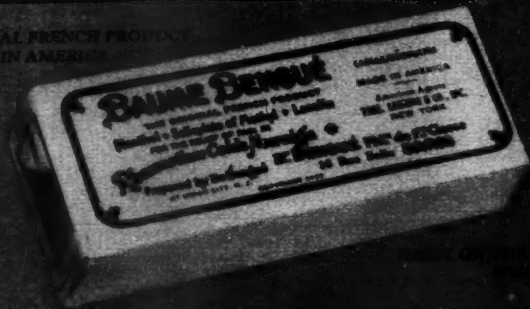
**BAUME**  
(ANALGÉSIQUE)

**BENGUÉ**  
(Pronounced "BEN GAY")

Excellent  
For Aches  
And Pains,  
Rheumatism,  
Lumbago, Sciatica

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For Over  
Thirty Years  
By Physicians

THE ORIGINAL FRENCH PREPARATION  
NOW MADE IN AMERICA



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New York



## Practice- Building Offices

The two photographs on this page show: the office of a G-U specialist in Milwaukee, Wisconsin and the office of a G-U specialist in St. Louis, Missouri.

They are selections from the Better Equipment Album, which MEDICAL ECONOMICS has completed and distributed to a number of progressive surgical instrument houses throughout the country.

*Turn to the next  
Pictorial Page*



# TREATING BOILS

*without the Lance and*

## WITH STANNOXYL

### OLD TREATMENT

*What it was:* poultice, lancing or introduction of tissue-destroying chemicals.

*What it accomplished:* increased pain, spread infection and delayed healing.

*Result:* an ugly crisscross scar and sometimes a carbuncle.

### NEW TREATMENT

*What it is:* noli me tangere and Stannoxyl.

*What it accomplishes:* decreases pain, checks infection and promotes healing.

*Result:* no crisscross scar from the lance and seldom a carbuncle.

If you treat patients with boils, be sure to read the following three pages.

*"Every patient with a boil should consult a physician, who should immediately prescribe Stannoxyl."*

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## The Old Treatment

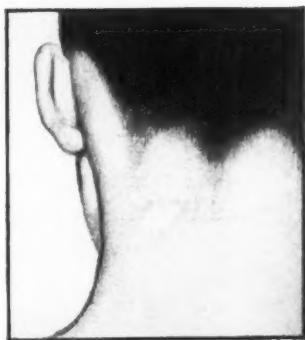
THE OLD treatment for boils was admittedly unsatisfactory. It was based on the false supposition that the boil is entirely a local trouble, whereas we now know that boils are bound to appear whenever the body's resistance to the staphylococci always present on the skin is lowered.

The old treatment for boils was usually carried out in two stages: First the patient applied some ridiculous household poultice, which usually served as an ideal culture medium for bacteria. Then the boil was lanced, and the hordes of waiting microorganisms were carried into the deeper tissues by the cruel crisscross sweep of the knife.

These are some of the reasons why the old treatment for boils left an ugly scar and frequently converted a simple boil into a dangerous carbuncle.



THE OLD TREATMENT



THE PENALTY

---

---

---

## The New Treatment



THE NEW TREATMENT



THE REWARD

THE NEW treatment for boils is eminently satisfactory, because it avoids local traumatism to the infected region and fortifies the body's resistance against the staphylococci causing the boil. When the invading staphylococci are overcome, the boil disappears.

The new treatment for boils depends on the application of two principles: First the rule of *NOLI ME TANGERE* (touch me not) is obeyed, and no lancing or local treatment is employed to frustrate Nature's healing efforts. Then Stannoxy, a mixture of chemically pure metallic tin and tin oxide, is administered internally.

Tin in the form of Stannoxy checks the growth of the staphylococci causing the boil. And that is why the new treatment—with Stannoxy—avoids the crisscross scar from the lance and minimizes the danger of a carbuncle.

---

# When Stannoxyl is Used

WHEN Stannoxyl is used, the average boil responds to treatment with gratifying promptness and regularity. The patient need in no way change his diet or mode of living, or even wear a local dressing. From 4 to 8 Stannoxyl tablets daily—that is, 0.5 to 1 gm.—and a strict “hands off” policy with regard to the boil itself are the essentials of the new treatment.

As a general rule, local improvement starts almost immediately under Stannoxyl medication. Pain diminishes and itching ceases by the end of the second day; inflammation disappears by the fourth day. At this stage, the wall of the boil collapses and its base becomes softer. Then rapid absorption of the core follows and suppuration ceases. Finally, a thin crust forms over the site of the boil, dropping off from the eighth to the tenth day and leaving a healthy base.

## Stannoxyl

Dosage: 4 to 8 tablets daily—0.5 to 1 gm.—with a little water after meals.

Advertised to physicians only. Obtainable at all leading prescription pharmacies.

Manufactured in France by Laboratories, Robert et Carrière, Paris.

Sole Agents for U. S. A.

**The Anglo-French Drug Co.**

1270 Broadway, New York.

Complete literature and samples upon request.



## Practice-Building Offices

(Continued)

The albums are now available for inspection by physicians, and MEDICAL ECONOMICS will be glad to furnish the names of dealers in whose stores they may be seen.

The offices on this page are: the treatment-room of an EENT specialist in Atlanta, Georgia; and treatment room of a surgeon in Washington, D. C. Further details about these offices are contained in the album.

(Turn to  
page 34)





## Haley's M-O Magnesia-Oil

An emulsion of Milk of Magnesia and Mineral Oil. Stable, palatable and effective in softening the fecal content, lubricating the mucosa, counteracting hyperacidity and promoting easy bowel evacuation. The oil assures close and prolonged contact of the antacid with the intestinal content and mucosa.

HALEY'S M-O, Magnesia-Oil is the rational combination for use in, Gastric Hyperacidity, Gastric or Intestinal Ulcer, Colitis, Obstipation, Intestinal Stasas, Autoinfection, Hemorrhoids, Pregnancy, Post-Operative, and in the infant, aged and infirm. Each tablespoonful contains Magnesia Mag (U.S.P.)  $\bar{3}$ iii Liq. Petrolatum (U.S.P.)  $\bar{3}$ i

*Generous Sample and Literature on Request*

**The Haley M-O Company Inc.**  
Geneva New York

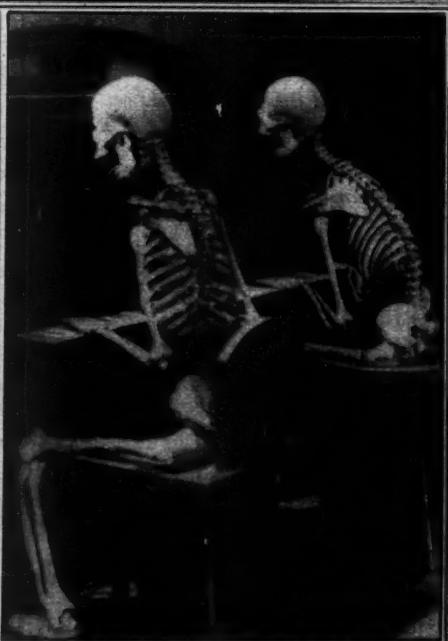
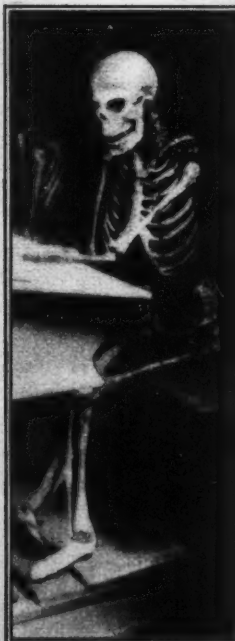
Haley's Magnesia-Oil

# Pictorials

(Continued)

An exhibition in Berlin, Germany, contains skeletons fastened into various positions of activity. By this means are shown graphically faults of posture, and other mechanics of the human frame. One group, for instance, shows the right and wrong way to sit at the piano, the spinal columns showing plainly why the wrong way is harmful. Most of those who saw the exhibition probably felt that no further explanation was necessary.

(Herbert Photos)



SURGICAL **BAY'S** DRESSINGS

# Look out for the Hypocrite!

Beware of the seemingly affectionate type of adhesive plaster which clings tenaciously to the thumb touch, but which curls at the edges with snobbish disdain when the heat of the body has liquefied the too soft compound.

Adhesive plaster should adhere at *body temperature*. Tests to establish the merit of adhesive plaster should be made under conditions of actual use and not in the superficial manner commonly employed by testing with the thumb.

BayHesive is the improved zinc oxide adhesive plaster which attains its maximum tenacity at body temperature. A sample is yours for the asking. Any rigid test will demonstrate its effectiveness.

## THE BAY COMPANY BRIDGEPORT, CONNECTICUT

NEW YORK      BOSTON      PHILADELPHIA  
CHICAGO      SAN FRANCISCO

**"QUALITY WILL PREVAIL"**



THE BAY COMPANY, Bridgeport, Conn.

ME 2

Send me free testing sample of BAYHESIVE

Name..... Address.....

Dealer's Name.....

his partner would be ready to have his own assistant enter the group.

As it is now we seldom see either physician delivering as efficient service as could be had under a better system.

I recall a doctor who complained that physicians lend no help to the younger men, pointing out the fact that the young lawyer finds it easy to connect himself with an established man. I felt at the time that this was a reflection upon the honesty of physicians, but one must remember that every lawsuit demands at least three lawyers—the complainant, the defendant and the judge. No lawyer could prosper if he were the only lawyer.

In medicine we sometimes think that doctors would be glad if there were just one doctor left on earth provided that it happened to be "me."

Let us now discuss the subject in certain phases where it applies especially to the individual practitioner. The first point to make is that physicians must have income enough to allow themselves to live comfortably, with time for

"... in medicine one sometimes thinks that doctors would be glad if there were just one doctor left on earth, provided that doctor happened to be 'me'...

needed rest and sufficiently free from worry so that they come to their study or work with a mind upon their work.

The physician and his wife should have a very clear idea of the fact that his expenses are divided into two groups. First, those that concern his practice: office rent, automobile, books, suitable clothing, recreation, and so on. Second his personal living: shelter, food, and the like.

If the doctor and his wife get this clearly in mind they can't

help but realize that if efficient service is to be rendered, then there must be money to meet the items in both of these groups. If either group is slighted society suffers first, for the service will be less. The importance of emphasizing this lies in the fact that, once grasped, it makes it easier to set down proper charges and to feel justified in collecting. If this point were properly taught we would see better practitioners everywhere and much that is now wrong in physicians' homes,

... it is good business to keep in touch with medicine as it progresses day by day. Keep in touch with, and win the respect of, your colleagues."

and in service they render, would be corrected.

As individuals it is good business to keep in touch with medicine as it progresses day by day. Keep in touch with, and win the respect of, your colleagues. This widens one's knowledge, and patients are benefited.

When I was engaged in general practice I noted that certain men in some towns never attended medical meetings; they consulted with other physicians only when compelled to. I had no very great admiration for them or for the communities that supported them. On the other hand I know physicians who were always present. They knew medicine so well that they were not afraid of criticism. I sought them out as consultants and admired the communities from which they came.

Since becoming a consultant I have noticed that those men who are more prominent in our profession are usually men who go to medical meetings and who strive to win the respect of their colleagues. This I believe is a point overlooked by our colleg-

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Accuracy  
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generations of practical  
experience in  
Artificial Limbs.

**A. A. MARKS, Inc.**

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New York City

ues who find it so hard to mix  
with the rest of us.

There are all sorts of dispositions among physicians, but in some places it would seem that internes are especially taught to be gruff and so r toward their patients, and when they enter into private practice they find it difficult to overcome this handicap.

There is really nothing fundamentally wrong with medicine, it simply needs bracing up on the business side.

Physicians are naturally expected by society to know more about medicine in all its phases than are outsiders, and it is up to physicians themselves to determine what wrongs exist and correct them.

The man who isolates himself and suffers along in silence is not doing medicine or society any great service.

## Practice Building Offices

(Continued from Pictorial  
Section)

For the benefit of readers who may not have followed this series of "Practice Building Offices," it should be explained that MEDICAL ECONOMICS began, some time ago, a systematic collection of photographs of well-equipped offices. All sections of the country and all types of offices are

## Dimazon Ointment

(Accepted by the American Medical Association)

**Non-staining—Odorless—Non-irritating.**

Hastens rapid epithelial growth and the formation of healthy and durable integument. This beneficial action makes Dimazon Ointment an extremely valuable agent in skin-affections.

**Heilkraft Medical Co.**

**Boston, Mass.**

represented, and with the cooperation of various surgical instrument houses, the album was finally completed.

The album will be added to from time to time, of course, but as it stands now, it is a fairly representative picture of how American physicians are equipping their offices. It is the first time such a collection has been

made. The album contains at present thirty-two photographs, with most of which are given lists of the equipment shown and approximate prices.

Ask your surgical instrument dealer if he has the MEDICAL ECONOMICS Better Equipment Album, or write to ask the name of a dealer in your locality who does have it.

---

## Trekking Across Washington by Medical Caravan

*Continued from Page 11*

ident, saw an unusually large attendance with enthusiasm at its highest tide. Caravan medicine has paid in Washington.

Following are President Willard's comments about the project:

"Possibly the term 'medical caravan' does not convey the proper meaning. It was a policy last year of the State Association to visit the local societies throughout the state, and the cooperation and interest among the members of the state was such that the officers of the association were accompanied on most of these trips by a voluntary group of doctors, who simply went along to promote good fellowship. This became an established custom and some one designated these

groups of doctors as 'medical caravans.'

"About the only thing that it seems to me can be said for them is that they represent a feeling of good fellowship and cooperation which exists among the medical men of this state. That is one of the reasons why the standard of practice in the state of Washington is very high, and why we are able to put through a progressive law such as the Basic Science law which is now on our statute books.

"I believe if you will analyze the Washington medical practice act, you will find that we are in advance of practically any state in the Union. Putting this over has been due to the cooperation of the medical profession."

---

### THE NON-LEAKING AGAR-OIL EMULSION

Generous  
Clinical  
Sample  
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Address  
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66 W. 14th St.  
New York

A DISTINCT ADVANCE IN OIL THERAPY

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**T**HE above photograph is one of thirty-two contained in the MEDICAL ECONOMICS Better Equipment Album. Your surgical instrument dealer has a copy for your inspection. It will furnish practical help in equipping your own office.

*The manufacturers listed below are representative of the finest in the country. Become familiar with their names*

#### Furniture

##### Allison Office Furniture

W. D. Allison Co.,  
Indianapolis, Ind.

##### American Metal Furniture

American Metal Furniture Co.,  
Indianapolis, Ind.

#### Specialists' Office Outfits

##### Sorensen Diagnostic Treatment Cabinets

C. M. Sorensen Co.,  
Long Island City, N. Y.

#### X-Ray Equipment

##### Engeln

Engeln Electric Co.,  
Cleveland, Ohio

##### Victor

Victor X-Ray Corp.,  
Chicago, Ill.

##### Wappler

Wappler Electric Co.,  
Long Island City, N. Y.

#### Physiotherapy Equipment

##### Engeln

Engeln Electric Co.,  
Cleveland, Ohio

##### Hanovia Alpine Sun Lamps

Hanovia Chemical & Mfg. Co.,  
Newark, N. J.

##### McIntosh Diathermy

McIntosh Electrical Corporation,  
Chicago, Ill.

##### Victor

Victor X-Ray Corp., Chicago, Ill.

##### Wappler

Wappler Electric Co.,  
Long Island City, N. Y.

#### Sterilizers

##### Castle Sterilizers

Wilnot Castle Co., Rochester, N. Y.

#### Office Scales

##### Continental Scales

Continental Scale Works, Chicago, Ill.

##### Detecto Scales

Jacobs Bros. Co., Brooklyn, N. Y.

##### Detecto-Lette Baby Scales

Jacobs Bros. Co., Brooklyn, N. Y.



## KNEE JERKS

[Supply your own kick]



### Why I Stick to My Doctor

**B**ECAUSE his reception room contains a chair I can go to sleep in comfortably.

Because he does not leave his professional journals on the reception room table.

Because he does leave several other journals, viz.: 1 travel, 1 hunting and fishing, 2 humor, 2 highbrow, 1 weekly review, and *The Saturday Evening Post*.

Because his reception room does not smell of ether.

Because his reception-room does not smell of anything.

Because his diploma is not the most prominent thing on the wall.

Because his class picture isn't even in sight.

Because he does not dangle a Phi Beta Kappa key when he is talking with me.

Because he is not too icily professional.

Because he is not too disappointingly human.

Because he doesn't laugh at my theories.

Because he doesn't even notice my theories.

Because he isn't always in a hurry to get somewhere.

Because he doesn't dilly-dally.

Because he seems to know a thing or two about medicine without getting conceited over the fact.

Because he is my idea of a good doctor.

But if he doesn't soon stop fooling with his glasses during consultation, I am going to look for a new physician.—*An Impatient*.

\* \* \*

Mrs. A: "The doctors decided I didn't need an operation, after all."

Mrs. B: "Oh, too bad. I'm so sorry, dear."—*Life*.

\* \* \*

### From a Table of Contents

The limitations to self-meditation. Uses and abuses of proprietary preparations and household remedies, 256.

The meditation, undoubtedly, is one of the after-effects.

\* \* \*

Science is continually proving and disproving one thing or another but every now and again Nature steps in and upsets many theories. Recently a financial news item mentioned that a fire had occurred in the plant of a fireproofing company and that "\$30,000 of finished product had been destroyed."—*Wall St. Journal*.

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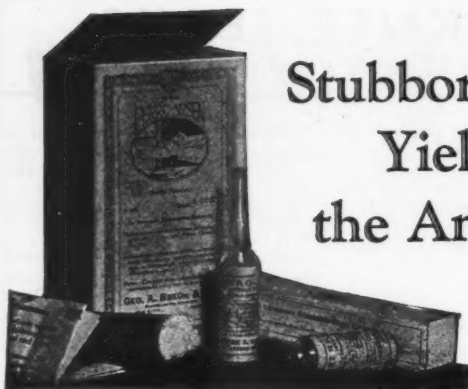
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## Guaiatonic

A sound general tonic—particularly valuable in all pulmonary disorders.

Samples and Literature on Request.

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## Stubborn Cases Yield to the Ampoule

**V**ERY often a physician who has tried numerous methods of treatment for a particularly obstinate case, induces quick improvement through intravenous medication — via the ampoule. The reason is clear. Medication is direct, and unaffected by digestive processes. The drug enters the blood at once; there is no wait for it to be assimilated by the system.

For complete information about all ampoule subjects, write to George A. Breon & Company, who are pioneers in ampoule solutions. The coupon will serve you.

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**Mail  
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Gentlemen:

Please send me full particulars in regard  
to Breon's Ampoule Solutions.

Name..... M.D.

Address.....

Mail this coupon  
to any of the above addresses



## Tours & Cruises

for physicians  
and patients

**Escorted European Tours:** A list of appealing trips for the coming summer, offered by Simmons Tours, 1328 Broadway, New York.

way. Rates, itineraries, and all the details are included in the folder. Ask the White Star Line, One Broadway, New York.

\* \* \*



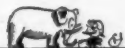
**Optional Shore Excursions:** A beautifully prepared booklet showing places you can go if you are lucky enough to be on board the S. S. Rotterdam next summer. Write the American Express Travel Department, 65 Broadway, New York.

**Travel in Spain:** Some sight-seeing off the beaten track, told in an exceptional little booklet. Write the Bureau of Information, Pro-Espana, 41 Broad Street, New York.

\* \* \*

**Le Voyageur en France:** "A Tour in North Africa" is the title of one of the articles in the current issue, showing that the publication is not confined to France. In case you don't know, this magazine is offered for a nominal subscription price by Le Voyageur en France, Inc., 342 Madison avenue, New York.

**Australia:** A folder giving sailing dates and fares from San Francisco to the South Sea Islands and Australia. Write the Oceanic Steamship Company, 215 Market St., San Francisco, Calif.



**Mediterranean Cruises:** Numerous trips to Egypt and the Holy Land, and various ports on the

**To the Land of the Midnight Sun:** If you *really* want to keep cool this summer, get a set of mittens and ear-muffs and take the trip described in this folder. Drop a card to the Hamburg-American Line, 28 Broadway, New York.

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In all conditions of hyperacidity, Alka-Zane first repairs the immediate damage, then rebuilds the buffer reserve for future protection.

Literature and trial supply on request.

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## Among the Results of Constipation

are not only the grave toxemias of which much has been learned in recent years, but also conditions arising from mechanical factors, due to displacement of the viscera or pressure exerted by the distended bowel.

AGAROL, combining three essential actions: lubrication of the intestinal tract, restoration of the peristaltic force, and softening of the impacted feces, generally aids in overcoming the effects of constipation. Gentle but forceful in action, Agarol assists the organism to clean house in its own way, by restoring *normal peristaltic function*. The dependability of Agarol has definitely enlisted the interest of the medical profession who in most cases of acute or chronic constipation, successfully prescribe AGAROL—one tablespoonful on retiring.

Agarol is the original Mineral Oil—Agar-Agar Emulsion (with Phenolphthalein) and has these advantages:

Perfect emulsification; stability; pleasant taste without artificial flavoring; free from sugar, alkalies and alcohol; no oil leakage; no griping or pain; no nausea; not habit forming.

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## Tattooing in Surgery

A special supplement will soon appear of Dr. Charles Conrad Miller's

### PLASTIC SURGERY

which will be devoted to an exhaustive consideration of Tattooing in Surgery.

The supplement is illustrated with over thirty half tones and numerous methods of using tattooing to overcome featural defects are described. Among the interesting features is Dr. Miller's recommendation of Tattooing for hiding the bald spot.

The supplement is free to all subscribers to Plastic Surgery.

Special offer to readers of Medical Economics—Ten numbers of Plastic Surgery for \$1.00. The regular price is \$2.00.

.....  
**DR. CHARLES CONRAD MILLER'S PLASTIC SURGERY**

32 North State St., Chicago

Please enter my subscription for ten numbers of Plastic Surgery and send me the supplement on Tattooing in Surgery.

Dr. ....

Street..... City..... State.....

## We Can Prevent Bad Bills

*Continued from Page 13*

a community should belong and use it. Again overhead would be reduced so that dues could be lowered.

2. Physicians are such notoriously poor business men that they are either uninterested or don't take the trouble to study the exact mechanism of the Bureau. This terrible inertia!

3. Many members, I may say most members, do not follow out directions. Many depend on the "A" letters and don't follow up

if no response is made to them. The Bureau has lost 30 members since starting and analysis shows that 19 of the 30 did not send in a single name.

In conclusion I will say that our board of directors sees wonderful possibilities evidenced by what we have already been able to accomplish.

There are certain advantages of the cooperative bureau over the stock company method of organization, and which might be considered in a later article.

## Everybody's Business

*Continued from Page 21*

started his study of heredity by experimenting with a few garden peas. The discoverer of metallic calcium had no idea that this seemingly useless metal would find service as a generator of hydrogen in deep-sea sound-detecting devices during the war. The people who converted gasoline from a smelly nuisance around oil refineries into a wonderful fuel, never realized how greatly their work would influence world transportation.

Thousands of such developments in the span of a few years have brought us to believe that there is no such thing as a product, a process, or even a faith that does not alter with time. Nor does the average thoughtful American deceive himself into believing that our mad plunge ahead into an unexplored realm

has been accomplished without surrounding our lives with a multitude of evils. We find comfort in knowing that folks live longer, do less back-breaking labor and lead fuller lives. But few are so foolish as to assume that life can be revolutionized in such a startling manner without our having to pay in some way for the numberless benefits derived.

We are not alarmed over the charges of our critics that the United States has become soft-headed in its humanitarian efforts and is building up an army of parasites. Nor are we greatly disturbed by the assertions of a few psychologists that our newly-created conditions have so lessened the need for physical effort that many human senses have been dulled through non-use. Nature has devoted so many

B

# TERP HERON

**STOPS COUGHS**

*Teaspoonful every two hours in water.*

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**AACHEN** (Aix-La-Chapelle). Famous  
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bonic Acid, Saline and Mud Baths.  
Season: March-November.

**OEYNHAUSEN** in the Weser Moun-  
tains. Frequented in cases of **HEART**  
AND **NERVOUS AILMENTS**, **RHEU**-  
**MATISM**, **GOUT** and **JOINT DIS**-  
**EASES**. Open all year.

**SCHWALBACH** in the Taunus Moun-  
tains. For **WOMEN'S AILMENTS**,  
**NEURALGIA** and **JOINT DISEASES**.  
Strong **IRON**, **MUD**- and **CARBONIC**  
**BATHS**. Season: May to October.

Reductions to Physicians and their families. For letters of  
introduction, literature and further information apply to

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millions of years to developing the human body that while all else may have changed with lightning speed, our physical selves remain practically the same. In fact, recent exhaustive tests indicate we still retain the sight and hearing of the savage notwithstanding our artificial environments.

Instead of worrying over the destiny of humankind, let us develop a sufficient sense of humor to carry us cheerfully along while we do our best to solve current problems. Let us get amusement out of our fads and half-baked theories without taking the whole thing too seriously. In spite of eugenics, we will go on breeding slow minds and quick ones, for Nature clearly recognizes the danger of having a world made up only of fast thinkers given to snap judgments.

We will get along better and have fewer disappointments if we open our eyes to several truths. First there is the fact that our machine age to date is a failure when viewed from the standpoint of higher culture. It is one thing to remodel a factory quickly, and quite another to speedily effect any marked change in human instincts. It is perfectly clear that a majority of our people at present do not want to be cultured. They prefer bodily to mental exercise and are not easily sold on the notion that as much pleasure can be derived from arduous intellectual occupations as from patronizing things that are stirring and sensational.

Science, invention and competition forced us into a day of mass production, so it is only natural that in our inexperience we are trying to standardize art and

literature as we have shoes and shirts. Nor is it surprising that our less scrupulous leaders are also bent on securing control of mass opinion. The introduction of the radio, the moving picture, and the chain newspaper has supplied an opportunity for a few people to bring education under the direction of great trusts in much the same way as iron and oil are controlled.

We are fooling with tools, the proper use of which we do not yet fully understand. Mechanical production has gone ahead so fast that advertising and selling methods have been unable to keep up. That is why we are now witnessing the greatest effort the world has ever known to increase consumption. In order to sell still more goods, industry joined hands with science to force people to be continually discarding the old for the new. Every effort has been made to play on our vanity and make us conscious of style.

Recognizing the futility of a policy that makes the consumer buy more than he needs or wants, straws now indicate a turn in the business opinion. Just as we cannot continue feeding the human body without giving it time to digest and assimilate the food that has already been eaten, so we cannot go on supplying and utilizing every new idea and invention without stopping occasionally to let the laggard sectors of our industrial front catch up. It is for this reason that the present efforts to effect greater centralization of industry and to create huge international trusts is rapidly becoming the major movement and the biggest problem of the day.

*(Turn the Page)*

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# Theocalcin Tablets

*(Theobromine-calcium salicylate — 7½ grains each)*

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A lack of secretion in the intestines is one of the principal causes of chronic constipation.

## PRUNOIDS

given at night over a period of one week will increase glandular activity without exciting pronounced peristalsis and will gradually overcome this form of constipation.

Prunoids are made of Phenolphthalein (one and one-half grains in each) Cascara Sagrada, DeEmetized Ipecac and Prunes.

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When the heart has been weakened from prolonged overwork and strain,

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Night Blooming Cereus

may be safely and effectively prescribed.

Thus employed, Cactina gradually improves the nutrition and tone of the heart muscle, restores the cardiac rhythm and renders the heart more resistant to irritating influences. Cactina is a true cardiac tonic without cumulative effect.

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We will be glad to send a liberal sample of either or both of the above products to any physician returning this coupon with his Prescription blank.

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(..) Cactina Pillels.

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In the era we are entering operations will be on such an immense scale that radical changes in methods, models and materials will become far less frequent because of the heavy losses incurred in scrapping equipment. A new character will be given to our business advance. Management will be in the hands of fewer men, and new ideas and inventions will be substituted periodi-

cally in mass instead of one at a time. Many discoveries of great merit will be laid on the shelf until the time is opportune for their economical introduction. Quality will again rank with style, and while the tendency to hold back may make life less thrilling, there will not be so much confusion concerning the course and bearings of America's industrial ship.

## "Conditional Sale"

*Reported by Lawyer Hayward*



**T**HE doctor had agreed to buy and the seller had agreed to sell at a fixed price, and it was understood between the parties that the doctor was to pay in Liberty Bonds of United States of America.

At that time the bonds were selling below par, the price of the goods in question was \$3000, and on the day fixed for payment the doctor tendered Liberty Bonds of the par value of \$3000.

"I'm entitled to Liberty Bonds which at the market price will sell for \$3000," the seller protested, "otherwise I would not be getting the price agreed upon."

"If you were not willing to accept Liberty Bonds at par, you should have specified it in the agreement," the doctor retorted,

and the North Carolina Supreme Court in 102 S.W. 835, ruled in the doctor's favor on this interesting point.

"The phrase 'payable in Liberty Bonds' means nothing if not bonds in their face promising to pay the purchase price agreed upon between the parties, and we have no right to change the contract, nor can we assume that the parties have inserted meaningless terms in their agreement," said the Court.

Of course, if the situation were reversed, and if Liberty Bonds were selling above par at the time of payment, then the doctor would tender the agreed price in Liberty Bonds, on the basis of the market price; the seller would demand bonds at par, and, in that case, the seller would succeed.

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SUPPLY HOUSE**

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Med.Ec.2-28

# Our Weight-and-Measure Stew

*Continued from Page 15*

name a Metric Executive Committee, of which he shall be the ex-officio Chairman, and whose task will be to give unity and rapidity to this Metric movement."

It is gratifying to note that the present President of the American Medical Association, Dr. W. S. Thayer of Baltimore, is a strong advocate of metric standardization not only in medical affairs, but in merchandising generally and in the transactions of daily life.

Physicians and surgeons have been prominent among those who have testified before Congress in behalf of the metric units. Dr. J. Finley Bell, of Englewood Hospital, N. J., informed the House Committee on Coinage, Weights and Measures: "In the matter of prescription writing, there is not any question about the simplicity and dependability of the metric system. I mean by that freedom from error. We must know the doses in the metric system to use it properly. Then your prescriptions should be based on so many doses—10, 20, 30, 40 and so on. The modern teaspoon, as found in the ordinary home, holds 5 cubic centimeters, not 4, as the pharmacopoeia states. That has been proven by a great many trials. That makes a very convenient method of prescribing.

If you write for 10 doses, you have a 50-cubic-centimeter mixture; if you write for 20 doses, you have a 100-cubic-centimeter mixture."

Dr. Harvey Wiley, testifying before Congress, declared: "In my medical career I realized the difficulties of the system of measuring drugs then in vogue (and still somewhat in vogue) as to mistakes which might prove fatal; and the difficulty and the complications in the mixture of drugs, which were very severe from a mathematical point of view."

Dr. Charles H. Mayo, of Rochester, Minnesota, urges: "The metric system is now used generally by the medical profession and should be standardized for universal use."

Of course, the metric system has long been used in all scientific work. Textbooks of physics, chemistry and other sciences employ metric units almost exclusively. The focal length of lenses in compound microscopes (once expressed in inches) is now invariably given in centimeters. Graduated glasses seldom can be secured to measure cubic inches. Virtually all scientific work of students and teachers, even in high schools, is now done with metric units.

The start which has been made in medicine and other sciences

## Treat Diabetes by Mouth

1. Reduce hyperglycemia
  2. Correct glycosuria
  3. Relieve thirst and hunger
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- by prescribing

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(Formula Dr. John P. Gray)

will supply the energy for complete recovery.

During the slow convalescence from infections of the respiratory tract, its restorative and stimulating effect will be gratefully felt, particularly where the digestive tract may have been fatigued by prolonged medication.

*It pays to  
specify  
"Gray's"  
in original  
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EVERY physician insists on supreme mildness for the laxatives he uses for children. And the well-known mildness of phenolphthalein is greatly enhanced when given in the form of Feen-a-mint, the delicious chewing gum laxative.

For it has frequently been observed that relatively small doses of phenolphthalein, when administered so as to obtain distribution over a large area of the intestinal mucosa, are much more active, yet milder,

than large doses in concentrated form.

Because Feen-a-mint is chewed, rather than hastily swallowed, its active principle mingles thoroughly with the saliva and thus, after passing through the stomach unchanged, enters the intestines prepared to secure greater and more even distribution.

A request on professional stationery will bring a trial supply of Feen-a-mint to any physician—with no implied obligation whatsoever.

**FEEN-A-MINT**

*The Chewing LAXATIVE*

HEALTH PRODUCTS CORPORATION

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can be used to advantage in bringing the United States entirely onto the metric basis—so that we shall all be writing and speaking "one language of quantity." Physicians, surgeons, health officers; nurses and hospital directors are active in advocacy of this metric advance, and can be counted on for yeoman service in the present great metric movement which is sweeping the United States.

The fate of the metric legislation lies with two important groups—the Senate Committee on Commerce and the House Committee on Coinage, Weights and Measures—and it is with these that urgers of the metric progress are recording their advocacy.

Virtually all leaders of American thought have declared themselves in favor of gradual metric standardization for the United States. Among the eminent men urging this advance are Thomas A. Edison, John Bassett Moore, W. G. McAdoo, L. S. Rowe, John Barrett, William C. Redfield, Theodore Roosevelt, Franklin D. Roosevelt, Admiral William S. Sims, Admiral W. S. Benson, John Barton Payne, Albert D. Lasker, General John J. Pershing, Coleman DuPont, Arthur Capper, Arthur T. Hadley, Henry

van Dyke, Nicholas Murray Butler, Otto H. Kahn, James Speyer, John Hays Hammond, and hundreds of others. Not one leader of American thought has expressed himself adverse to the world metric advance.

At present there are on file in the Department of Commerce, Washington, D. C., more than 100,000 petitions urging metric standardization. Many of these are from organizations having thousands of members.

In view of all this energetic advocacy in the metric movement, there can be little doubt that positive legislative action is to be attained. At last the United States is likely to make the transition to the decimal metric weights and measures, used with such practical success by the vast majority of human-kind.

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Due to a number of articles of special interest in this issue, the regular article "New Shapes in the Sky" has been omitted. The series will be resumed in the next issue.

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**KROME PLATE**  
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**SURGICAL INSTRUMENTS**

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No. 2 of a Series

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like the foot**


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Made by Cantilever Corp.  
410 Willoughby Ave., Brooklyn, N. Y.**The DIRECT ROUTE**  
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**V**APRO-CRESOLENE (specially prepared cresols of coal tar), vaporized and inhaled by the sleeping patient is a direct method of relieving paroxysms. Its effect is soothing, antiseptic and anti-spasmodic.

Vapro-Cresolene especially recommends itself to physicians because it avoids the need for more roundabout and disturbing treatment.

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**WINTER COLDS**

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either plain or creosote

and of services as a palatable reconstructive tonic in capsule form in Respiratory, Malnutrition and certain Skin disorders, as well as in Pregnancy, Lactation or Cholera-anemia.

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NEW YORK CITY

# Look Around Your Office

*Continued from Page 19*

ing is still another, usually played up, however, by coloring in different ways. A good wall treatment for outside offices, that is, reception and consultation rooms, is to use stucco slightly textured or smooth with a subdued polychrome finish—such as a blend of colors like tan, green and rose, yellow, blue and green, or gray, green and blue. One tone is also good in light buff, tan, gray or light green.

Papers come to simulate these plastered finishes also, and papers with some texture or roughness are just right for rooms that are to be re-papered in the modern mode. Oatmeal paper is one of these materials, subdued in color, that is suitable for either formal or informal effects.

If plastering is being patched, and walls completely done over, the doctor may like to adopt another style which gives dignity to rooms. This is the plastering of walls to conceal all wood-trim, eliminating door and window frames, baseboards and cornice or picture moldings. The more bare and plain wall surfaces are today, the most stylish they are, and for the doctor who may wish simplicity for sanitary reasons, the style is ideal.

Old walls that are re-surfaced with stucco and stippled, can achieve this effect by the use of putty on the woodwork, which is then stippled and colored to match, blending the frames with the wall surfaces.

Woodwork is not out of style, however, and it has distinct value in giving pleasing emphasis and finish to some rooms. Dark

woodwork accomplishes this when used in contrast to very light walls, but if the woodwork is dingy and scarred it is likely to be depressing. But a new coat of lacquer or polish will bring it as up-to-date as the mahogany and walnut trim seen in many of the newest offices.

Enamelled woodwork is very good also, and completely changes the appearance of rooms when attractively done. Light colors make rooms cheerful and the physician who gives the painter his chance, will be more than pleased with one of the popular finishes like light gray, rich old ivory or even pale green, for woodwork.

A second line of color is being used on woodwork too, in contrast to subdued colors. For example, a line of bright green added to gray will give snap, ivory will be enriched with bright blue or orange, and pale green woodwork will be even more distinctive with rose or black, the merest touch used in grooves of the wood trim. Small things but ones that give the offices the modern touch!

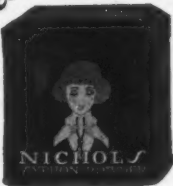
Floors are another item to be considered. Old board floors are not hopeless either, for painting is much in vogue, and each board is frequently brought out by a line of color in contrast to the main body of color. Correct floor treatment will give an otherwise plain and bare office a richness and warmth that is both welcome and charming. In light offices, dark brown or even black is successfully used with a stripping of color such as red, yellow or light

---

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is recommended in the treatment of almost every form of Cystitis and Prostatitis, especially old, chronic cases with frequent urination. Excellent results have been obtained in Cystitis of the Vesicle Neck, Pyelitis and chronic Posterior Urethritis.

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green. If the floor is to be minimized in effect, gray, dull green, soft brown or tan makes a good choice. And if the floors are so worn they will not respond to painting, they should be recovered.

Hardwood floors always give a nice air but if they are not practical, linoleum is quite the thing. There are numbers of grades and types of this material—cork and felt finishes, tiled and inlay effects, designed and colored in almost limitless ways. Cement floors can also be painted and blocked to represent tiled effects, the fad of the day. Plain taupe or gray velvet carpeting is being much used also for covering either wood or cement floors, and is considered the best style now, when laid to come to the very walls, no borders of wood or cement showing.

As for furnishings that are up-to-the-minute, they are best described by the one word—colorful. If old oak or mission furniture has been saved for refurbishing, it should come in for its share of color, and I would suggest painting it either a light jade green, or a soft gray. With either of these colors, some new pieces of mahogany or walnut will help to make the rooms more attractive than as though one style of furniture was used exclusively.

A new davenport in mahogany with cane panels is one useful piece to add to a waiting room; a new flat top desk may also dress up an outer office or the doctor's private office, and bookcases "in the modern mode" will

be decorative and useful in both inner and outer offices. Many of these new bookcases are racks or hanging shelves, and come in walnut and mahogany finish as well as in such daring colors as scarlet, blue, green and yellow.

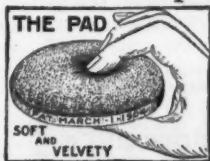
A table or two often gives pleasing informality to waiting rooms, and for novelty, the doctor should choose one of the new low design that has a huge round top but a foot or two from the floor. Some of these "new art" tables are covered with shiny black or scarlet leather and a lamp placed upon such a table makes a charming picture when lighted.

Lamps are a feature not to be overlooked either, and if out-of-style chandeliers "dangle" from the ceiling, they can be improved by the use of modern globes in some shade that is harmonious in the rooms. A coat of heavy black paint or a verde finish will also "antique" many of these fixtures for a satisfactory "Old World" appearance. Heavy antique metal rods for curtains and draperies also add a smart note and metal plant stands are attractive filled with plenty of greenery or flowers.

There is, of course, other up-to-date equipment for inner offices and treatment rooms, but this should be chosen with "scientific selectiveness" rather than with an eye for the artistic. But it is important to refurbish or refurbish all offices now and then, if the physician is to maintain an efficient practice.

Surroundings are often the keynote of success!

## Akron Sponge Rubber Pad Trusses



due to their scientific construction, high quality and exceptionally durable, sanitary rubber pads, guarantee

**IMMEDIATE RELIEF  
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Sal Hepatica is an effervescent saline combination similar to the natural "Bitter Waters" of certain medicinal springs here and abroad, and is fortified by the addition of sodium phosphate.

Sal Hepatica is an ideal preparation for the practitioner to recommend—it is efficient, palatable and reliable, and does not create a condition of tolerance.



*Samples for clinical purposes*

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(W. W. Duke, M.D., Kansas City, Mo.)

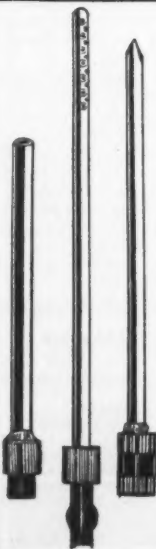
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Ascitic Fluid from the Abdomen

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Price per set of three pieces, as illustrated, \$3.75  
At Your Dealer's

**MacGregor Instrument Co.**

P.O. BOX 35    ::    NEEDHAM, MASS.



# The Doctor and His Investments

*Continued from Page 17*

Where special risks exist, such as over a period of ten years when the mortgage on a physician's home is scheduled to be retired, a ten year term policy admirably covers the hazards of death during the period. Moreover, the young married physician, with large responsibilities and a slim income, can get maximum coverage in a convertible term policy, which may later be turned into more expensive policies when prosperity warrants (within the option period.)

Where a physician temporarily ties up his savings in a new sanitarium, he may feel the need of abnormally heavy insurance to protect his family in case he dies before he can make the new institution successful, and he can achieve his purpose through term insurance. Moreover, the exceptionally prudent investor, who feels certain that he needs only time to build up a substantial estate independently, should consider the uses of term insurance.

Term insurance is the step-child of the insurance companies. Only those who fully understand its limitation should buy it. The insured must die to win. If he survives the term covered by his policy, he gets nothing. However, in the interim he has been protected against the hazard of death. He is in the same position as the man who has had fire insurance but has experienced no fire.

In the case of ordinary life, limited payment life, and endowment policies, the insured gets something whether he lives or dies. Those more expensive poli-

cies fuse saving with insurance, and are useful for those who can afford them. Some companies regard physicians as preferred risks, and give them special considerations.

The physician should seek in his investment and insurance program a plan which will give him an income if he should become disabled, an income for his family if he should die, and an income for his old age. Disability clauses, or special noncancellable health and accident policies provide for the hazard of economic incapacity through permanent illness or accident. Disability clauses should be passed upon by an expert. Some are more comprehensive than others.

One of the excellent insurance companies of the East addresses this special message to professional men:

"You are a professional man, and have often contrasted your life and its work with the life and work of the business man. He deals in goods, but your stock in trade, so to speak, is your technical knowledge and your skill in its use. His capital is comprised of cash and credit resources, and his assets consist of merchandise, open accounts, buildings, equipment and the like. He must take a periodic inventory to determine how he stands, and whether he is solvent or insolvent, whether operating at a profit or a loss. How different your condition! You need no cash nor credit resources as capital. And your assets at any time can be totalled in a few minutes. Your capital is your skill and

IN CORYZA, LARYNGITIS, LA GRIPPE, INFLUENZA

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The Pineoleum Company, Dept. ME, 52 West 15th St., New York City

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## Back Up Body Defense

against infection, bronchial inflammation, nervous fatigue incidental to the Winter Season, by prescribing

### PHOSPHO-ALBUMIN (CandC)

which supplies, Gonads, Brain, Spinal Cord, Thymus, Thyroid, (gr 1-10) Thymus, Pancreas and Duodenal Mucosa substance. Pleasant to the taste. Pronounced in action.

A rational reconstructive and activator of physiological function. **DON'T FORGET** to prescribe **TERRALINE** in chronic or "useless" cough.

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LISTERINE THROAT TABLETS

LAMBERT PHARMACAL COMPANY - ST. LOUIS, U. S. A.

your reputation. Your assets are a few books and instruments, a few glass cases, accounts receivable that are probably not worth their full value, and a good will that would quickly shrivel if your living, working presence were not back of it.

"If the merchant or manufacturer voluntarily goes out of business, his assets have a marketable value. If he dies, his assets and the good will of the business may be so valuable that he leaves a serviceable estate to his family.

"But if the professional man, a prey to accident or ill health, is obliged to give up, disaster has come to him. And when he dies, far too often disaster immediately descends upon his family. For, in either case, he had nothing for which there is a market or for which the world pays a useful price. The chief capital that the professional man has is his brain, coupled perhaps with operative skill, and when they are crippled

Send inquiries to Financial Editor, MEDICAL ECONOMICS, Rutherford, N. J., and please enclose a stamped, self-addressed envelope.

or gone, nothing remains.

"Further, unlike the business man, the professional man, engrossed in his work, and not in contact with financial affairs, has little opportunity to make his saving multiply, and is, frequently, the victim of mistaken judgment in his investments.

His life is one of service, not of money-making, and it is therefore natural that as an investment money-maker he is not as successful as the business man."

Among the needs for which insurance provides are: clean-up fund, to take care of current indebtedness at the time of death;

The counsel of Merryle Stanley Rukeyser, nationally-known authority on banking and investments, is now available to readers.

income for wife and other dependents; retire mortgages; education of children; provide estates for children when they grow up; and income in case the insured becomes enfeebled or disabled.

A variety of policies, most of which follow the basic patterns, are offered. A program should be set up in accordance with the specific needs of the insured. In this matter, an informed, competent, and sincere insurance agent can render a genuine professional service.

If a physician has no dependents and wishes only to protect himself against the infirmities of old age, he is a prospect for annuity contracts, which many of the leading insurance companies will make to assure him a stipulated income, beginning at a stated age, and lasting until death. Old men, by purchasing an annuity in a single premium, can get a far larger safe return

IN PAINFUL DYSMENORRHEA CASES

B

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We will be glad to send a liberal sample of either or both of the above products to any physician returning this coupon with his Prescription blank.

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Phosphorcin increases the body resistance and renews the vitality and strength of your run down patients. By supplying phosphorus to the impaired nerve cells, it hastens convalescence.

A scientific combination of the glycerophosphates with nux and pepsin, and containing no sugar or alcohol, it may be given for a long time without gastric irritation.

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Quick Delivery to all parts of  
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on their capital than by any other means. Such funds are ordinarily extinguished with the death of the holders of the contract, but annuities can be purchased on two lives, or other variations are provided to meet individual conditions.

In the case of life insurance, it is of paramount importance to take a large amount early. It is always possible to switch ordinary life policies into more expensive types subsequently if the insured's economic status improves in the future.

The danger of waiting is that one of an infinite variety of diseases, as every physician knows, may render the doctor ineligible for insurance, which is a privilege for those physically and morally fit.

It is one of the real tragedies of life that the physically disqualified clamor for insurance, whereas those who can get it ordinarily will not partake of the privilege without the most insistent persuasion on the part of an agent. There should be more insurance buying, and perhaps less high-powered selling.

Physicians, whose main capital is their body and mind, face other personal hazards besides death.

Visiting the sick as part of his daily routine, the physician subjects his health to greater risks than does the ordinary man. He should transfer these risks to an

insurance company by purchasing noncancellable health and accident insurance policies. The ordinary health and accident policies are cancellable at the option of the company, and may therefore prove a snare and a delusion.

The relatively few companies that write noncancellable policies require physical examinations, much the same as required for life insurance policies. Physical examinations are not ordinarily necessary for cancellable policies.

In taking out accident and health policies, the physician ought to buy enough to take care of at least his minimum living requirements in case of disability. In buying life insurance, the physician should buy enough to create a fund, which, if invested at five per cent, will take care of the requirements of dependents. To make sure that the heirs will not dissipate the fund through unwise investments, the insured can entrust the fund to the care of the insurance company or to a trust company. In estimating his family's needs after his own demise, the physician should deduct his own personal expenditures and savings and remember too that his family can be expected to economize a little after the breadwinner has passed on.

Few need to be warned against buying too much insurance.

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The "hands off" policy for treating boils.

When the invading staphylococci are checked, Nature heals the boil. Lancing causes unnecessary pain, spreads infection and leaves an ugly scar.

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pure oxide of tin and tin metal checks the staphylococci and allows Nature to heal the boil without the dangerous lance.

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## Ups and Downs

-a monthly review by the  
financial editor

At the turn of the new year, economic conditions and problems are favorable. However, it is a time for the investor to be prudent, with representative industrial, railroad, bank, and insurance stocks quoted at or near the highest levels for all time. It is a particularly hazardous time therefore to buy the last layer of the price structure through overextended marginal speculation.

In spite of the steady decline in yield, bonds in general, rather than stocks in general, offer more promise of safety of principal at this time. To bring up the interest return, the investor may consider well selected foreign bonds, which offer a higher yield, and the best grade of guaranteed first mortgages on real estate, which in the present market offer a substantially higher return than equally safe bonds. Even the 4 to 4½ per cent rate on accounts in savings banks is at least a full point higher than can be obtained through the purchase of United States government issues.

The 6 per cent return offered by shares of well managed building and loan associations becomes increasingly attractive as interest rates fall. The physician should check the quality of the management of a building and loan association before contracting to make monthly payments. Apart from its help in financing the building of a home, a well conducted building and loan association is a useful instrument for the regular saver, who desires to have an element of compulsion to buttress his own good intentions.

In the present market, good preferred stocks in general offer a better income return than the choicest common stocks, but it should be remembered that even preferred stocks are not immune from market reactions. Currently, good railroad common stocks give a better return than industrial and public utility shares of equivalent grade.

Those predisposed to common stocks should seek expert advice, and might consider the feasibility of indirect investment through investment trusts, manned by men of ability and integrity.

For the short term at least, there are wide expectations of trade improvement and continued easy money.

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\* \* \*

**Brochure on Infra-red Therapy:** The brochure, together with a folder on the new Z-12 Burdick Zocalite, is available by writing The Burdick Corporation, Milton, Wisconsin.



**Arco Health:** An attractive and interesting booklet describing the Arco Health humidifier will be mailed to physicians upon request. Write Mr. A. K. Root, American Radiator Company, 816 South Michigan avenue, Chicago.

\* \* \*

**Sample of Angostura:** Clinical samples of Angostura Bitters will be mailed to physicians upon request, by the Angostura Bitters Agency, Inc., 14 East 46th Street, New York.

\* \* \*

**Wappler Bulletin:** A new bulletin describes the Wappler Junior Vertical Fluoroscope for X-ray diagnosis. Ask for Bulletin No. 97-1 of the Wappler Electric Company, Inc., Long Island City, New York.

**Obstetrical Calendar:** A handy little calendar for estimating the approximate date of confinement is offered to physicians by the Laboratoire de Pharmacologie, Inc., 92 Beekman St., New York.

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**Records that Talk:** A large catalog of loose-leaf accounting devices, some of which are especially adapted to physicians' use, is offered by the Irving-Pitt Manufacturing Co., Kansas City, Mo.

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**Baby's Outfit Book:** A sixty-two page book which the publishers will mail gratis to patients, upon request by the physician. Write the Earnshaw Sales Co., Inc., 140 California St., Newton, Mass.



**Nolie Me Tangere:** The title of a booklet, which translated means "Touch me not," on the treatment of boils without the lance. Write the Anglo-French Drug Co., 1270 Broadway, New York.

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**Comet Menu Books:** A set on every-meal menu books prepared for physicians by the Comet Rice Company, 189 Franklin St., New York.

*(Turn the page)*

## Accident Cases and Industrial Injuries

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**Artificial Limb Catalog:** A large and complete catalog is offered gratis by the Winkly Limb Co., 1330 Washington Avenue North, Minneapolis, Minn.

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**Urinalysis:** A decidedly compact piece of literature with bibliography and all. Address the Taylor Instrument Companies, Rochester, N. Y., and request Bulletin No. 4.

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**Diet in Treatment of Diabetes:** The fussiest diabetic should never tire of the innumerable recipes in this little booklet, which is published by Knox Gelatine, Johnstown, N. Y.

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